

MINUTES
UAF STAFF COUNCIL #220
Wednesday, September 21, 2011
8:45-11:00AM
Wood Center – Carol Brown Ballroom

1. 8:45-8:50 CALL TO ORDER AND ROLL CALL

A. Roll Call

Roll call this morning and from now on will be organized by units in order for people to become familiar with other unit members and to assist in identifying alternates who are voting in place of representatives.

PRESENT

Pips Veazey
Juella Sparks
Maria Russell
Robert Mackey, III
Sara Battiest
Jodi Baxter
Debbie Gonzalez
Kala Hansen
Shawn Houston
Sharon Corbett
Carolyn Simmons
Gary Newman
Jennifer Elhard
Mary Sue Dates
Claudia Koch-Goddard
Jennifer Ward
Naomi Horne
Kayt Sunwood
Dawn Dearing
Robin Weinant
Carol Shafford
Bradley Krick
Walker Wheeler
Catherine Williams
Travis Brinzow
Gary Bender
Britton Anderson

ABSENT

Evelyn Pensgard
Amy Bristor
Kate Wilson
Nichole Kloepfer
Ben Tucker
Heather Wells
Mayanna Bean
Ryan Keele
Shelbie Umphenour
Heather Leavengood
Erik Ofelt
Forrest Kuiper

EXCUSED

Bryan Uher
Richard Machida
John Clendenin, Jr.

GUESTS

Chancellor Rogers
Lael Oldmixon
Robert Kinnard
Kris Racina

B. Approval of Agenda for Staff Council Meeting #220

The meeting agenda amended as follows: Inclusion of 'Winter Warm-Up' discussion during 'Public Comment;' 'Cathy Cahill, President – Faculty Senate' was added to 'Governance Reports;' 'Communications Committee' was moved from 'External UAF Committees' section to 'Ad Hoc Committees section;' and inclusion of 'Accreditation Steering Committee Report (Attachment 220-7),' under 'External UAF Committees.'

The meeting agenda was approved as amended.

C. Approval of Minutes of Staff Council Meeting #219

Minutes for Meeting #219 were not distributed. Approval was postponed until the next Staff Council meeting.

2. 8:50-9:00 STATUS OF PENDING ACTIONS (No pending actions)

A. Motions Approved:

B. Motions Denied:

C. Motions Pending:

3. 9:00-9:05 PUBLIC COMMENT

A. Lael Oldmixon - United Way Campaign for UAF

Lael and Mark Oldmixon are leading this year's United Way Campaign for UAF. They are hoping to get the UAF community involved and to increase UAF participation. In October departmental and unit meetings will be held to discuss participation in more depth. United Way staff are available to set p departmental or unit meetings. UAF HR will be sending out pledge forms to all employees which allow employees to give directly to one of the twenty-three listed agencies or to any 501c3 organization in Alaska of their choice. UAF is considered a 501c3 organization. Employees are encouraged to give through this campaign. For more information contact Lael Oldmixon at (907) 474-6679 or lmoldmixon@alaska.edu.

B. Debbie Gonzalez - Winter Warm-Up

- This is the student free-cycling event. Staff members are encouraged to donate items they no longer need. The event is winter gear oriented, but it is also for other items and small appliances. The event is scheduled for October 1st from 11-1:00PM in the Wood Center. Items can be dropped off the morning of the event from 9 to 11AM. Debbie will be sending out flyers for people to post.

4. 9:05-9:15 OFFICER REPORTS

A. Pips Veazey, President

- *Report Attached (Attachment 220-1)*

Pips highlighted key points from her report:

Communications Committee – Pips thanked John Clendenin who will be committee chair. It is important for Staff Council to improve communication. She is looking for suggestions about how to accomplish this, including both getting information out and getting return feedback from staff members. This is in line with her goal of improving communication throughout Staff Council.

Committee Membership – We now have an accurate list of representatives and alternates as well as a listing of empty council seats. This is also the case for committee membership. There are a few vacant seats on committees. This will be addressed towards the end of the meeting.

Roll Call Change – As mentioned earlier, call roll will now be by unit. This is being done in an effort to enhance communication within and among units and to prevent unnecessary repetition of work. It is also being used to improve efficiency including being able to quickly identify whether or not a quorum has been met.

Current Pressing Issues - compensation, benefits, and communication

- *Compensation* – Maria will talk about this including the recent work of Staff Alliance
- *Healthcare* – will continue to be important as the proposed changes coming up this year that need to be addressed this semester.
- *Employee tuition waiver* – Staff Affairs is currently working on this issue.

The floor was turned over to Maria for her to report on Staff Alliance's work on compensation issues.

A draft recommendation for compensation increases written by that the Staff Alliance Compensation Working Group was handed out. This document had to be finalized today at 11 a.m. They are currently recommending a 3.5% increase; the Board of Regents current place holder is 2.5%. A 4.6% increase can be justified, but in light of the

current economy, they are recommending a 3.5% instead. Juella will be at the board of regents meeting and will testify on behalf of all UA staff. They are also trying to do an email campaign. A message about this campaign was sent to Staff Alliance and in theory went out to all staff yesterday. Staff Council would send out this message following the meeting since not all Staff Council members had received the email campaign recommendation. As part of the campaign, staff were asked to email personal stories or statements of support for the increase.

Gary N. suggested changing the term 'perception' in one sentence to a stronger work, like 'fact.' He also suggested including examples support this point. Maria explained the wording was based on Staff Alliance's belief that staff are losing ground in terms of compensation, but quantitative data to support this are hard to find.

Walker W.: Has the group been able to ask HR how many people, since they stopped doing annual step increases, have received a raise at UAF that was not COLA related? The committee has asked for this data along with other data, including in-grade step adjustments not related to promotion, and the frequency and the average amount of bonuses received by each e-class. They have not received the information yet. They have asked for a review of the last five years.

Referring to being able to justify a 4.6% increase but only asking for 3.5% it was asked if this could be worked into support of no change to the tuition waiver or health insurance? Maria stated that, yes, we can incorporate this data into the data that other groups are working with. Later on this spring this group will look at compensation as a whole, but their first concern was getting this increase into the Board of Regents budget.

The letter has to be completed this morning. If staff members wish to share stories without including their name, they can do so. You can send your stories and thoughts to Maria as late as noon tomorrow.

B. Juella Sparks, Vice President

Juella is flying to Juneau tonight and will testify tomorrow. She wants to inform the Regents of our concerns about the staff increase and concerns about three other time sensitive items: the tuition waiver, which is supposed to be in place by January; proposed changes to healthcare, which are also supposed to be approved and in place by January; and President Gamble's call for review of policies and procedures of the UA system. He has asked for this from his cabinet and from his vice presidents and directors by January. She is getting mixed messages. She has met with a couple of members of his cabinet and they were not given specific directions concerning the review of regents' policies and procedures. Tomorrow she will encourage the board of regents to ask that all governance be given direct and clear opportunities to provide input on these changes to regents' policies and procedures. These are the four big things that she has been working on at the alliance level. Juella has also been assisting Staff Affairs with their resolutions.

Maria explained that there is an additional alternate seat open on the Compensation Working Group. Pips and Juella were offered the opportunity to fill this seat. Naomi volunteered to serve and was, in turn, appointed by Pips.

5. 9:15-9:25 REMARKS BY CHANCELLOR ROGERS

Chancellor Rogers was in Juneau where he was preparing for the Board of Regents meeting. In addressing Staff Council, the Chancellor highlighted a few points from his Convocation presentation for those who were unable to attend.

His office is pushing towards an October 1st announcement about changes to the SRC plan to increase opportunities for faculty and staff to use the SRC with university funded support to help cover a portion of those costs.

The Chancellor and Mike Powers are looking to finalize the *Healthy Challenge* between UAF Fairbanks campus and CTC with Fairbanks Memorial Hospital around October 1st. They are trying to create competitive fun and healthy opportunities and perhaps moderate some of our health care costs at the same time.

Chancellor Rogers mentioned that Juella covered the issue pertaining to revisions to Board of Regents policy and University regulations. He also wants to look at UAF specific policies. He is interested in hearing recommendations from Staff Council concerning things that Staff Council would like to see from UAF policy. Over the past few years they have been trying to codify policy and get these policies on the web where everyone can see them, to make it clear what is and what isn't policy. Over the course of the year, as regents' policy and University regulations are amended, we will also be doing the same with UAF policy.

Chancellor Rogers stated that there is a webpage where these policies can be tracked. Derek Miller with the Chancellor's Office is responsible for maintaining the webpage which includes information on what is already codified. The Chancellor will get information about the location of the webpage to Pips so that it can be sent to everyone.

Chancellor Rogers mentioned in closing, that he was on his way to visit a former UAF Chancellor, Marshall Lind, who was one of our great Chancellor's and one who has been very supportive, financially, of our students and has funded a scholarship among other things. Chancellor Rogers will be inviting former Chancellor Lind to our scholarship breakfast next April to join us in celebrating people who give back to the university.

Pips thanked the Chancellor for addressing council and for the work he was doing in Juneau.

6. 9:25-9:35 GOVERNANCE REPORTS

A. Cathy Cahill, President – Faculty Senate

There was no Faculty Senate report.

B. Mari Freitag, President – ASUAF

Robert Kinnard addressed council on behalf of ASUAF. ASUAF is currently reviewing the grading policies associated with incomplete grades. They are also working to inform students about these policy changes. It is a new year and they have a new senate, so they are just getting started. ASUAF has received some feedback last year from students, both positive and negative. In general, students are on board with sustainability at UAF which is the only school in the state of Alaska to receive a gold rating for sustainability.

7. 9:35-9:45 UNFINISHED BUSINESS

A. Staff Affairs Resolutions

- 1. Tuition Waiver Changes** – Staff Affairs has started a Google Group's document to discuss this issue. There have been a lot of changes made to this document recently. Staff Affairs is not ready to submit the document today. The changes that are suggested will most likely go into effect by January. Staff Affairs will be presenting a resolution at the next staff council meeting for council to review.
- 2. Health Insurance Changes** (Spousal Surcharge and Tobacco Surcharge) – These are scheduled changes and council does not have the power to change this. However, it is important to document Staff Council's position. Resolutions stating that Staff Council does not approve of either surcharge will be ready to be voted on at the next meeting.
- 3. FY13 Compensation Increase** – Staff Affairs feels that supporting what the Staff Alliance Compensation Working Group suggests is in the best interest of Staff Council to create a consistent voice.

Staff Council discussed sending out the resolution online for comments within the next week due to the fact that if we wait until the next meeting, the board of regents will already be so far into their process that we will not have the effect that we want to.

Staff Alliance meets Oct. 11th. The working group letter will go to the board of regents tomorrow, but the budget itself is not final until the Nov. 2 meeting. Between tomorrow and Nov 2 we have the opportunity to provide input to the board of regents and the President about our concerns and recommendations for this increase. However, if we have something from this body for the October 11th Staff Alliance meeting, it adds weight to the discussion and we will add to the Compensation Working Group letter to the President and the board of regents.

Staff Council members can email comments to Naomi if they are unable to get the Google Doc comment function to work. It was suggested that Staff Council use the draft being finalized as the base and then noting our support for the items. She plans to have an email draft out by Friday afternoon.

B. Elections, Membership, and Rules Committee Motion

EMR has not met. Based on this fact, this item was moved to the next Staff Council meeting.

C. Communications Committee Update

John Clendenin, Jr. agreed to be the chair of the Communications Committee. In John's absence, Pips presented the Communications Committee update—the committee met briefly the previous Monday, but it would be helpful to have more people on the committee.

9:45-9:50

BREAK

8. 9:50-10:05

NEW BUSINESS

A. Staff Affairs Issues

Staff Affairs met on Sept 12. There was good discussion about the FY13 compensation issue. Staff Council is asked to consider providing feedback to the Chancellor on supervisor training. Staff Council members should talk to the members of your units and send feedback by email to Naomi or anyone on the Staff Affairs Committee. Staff Affairs would like to undertake two actions. The first is a brief audit of training opportunities for staff. One goal is to compile information about training opportunities in one place before we begin to suggest changes to the Chancellor.

The emergency closure policy has been drafted and was put to Staff Affairs for review. They have some suggestions and small changes. They would now like to get the policy out to the entire Staff Council to get feedback.

B. Staff Council Forum – Advocacy Committee, Jodi Baxter

Advocacy can help get information out about the various agenda items that will be of interest before January. Advocacy can hold forums, Q&As, etc. to assist in getting the word out. Please contact this committee if you have any ideas or if you are holding any events and you need help spreading the word.

There are a lot of little details that staff should know about but they are not hearing about them yet they will impact them. The Chancellor would also like to hear what is happening in the work place, good or bad. He would like to hold forums so that he can hear what is happening at the Staff level. Please email ideas and suggestions to Jodi. Advocacy really wants to get information out to Staff over the next three months as all of these changes are taking place.

9. 10:05-10:15 GUEST SPEAKERS

A. Kris Racina, Human Resources Director

Kris was present at this meeting primarily as a representative of the Chancellor's Cabinet. Since the big ice storm last year they have been working to create an emergency leave or emergency closure policy. They do have a draft document that they arrived at this summer. This was the document given to Staff Council. She is here to receive feedback and get input on the policy.

They want to implement before the next snow storm. Kris was informed that the entire Staff Council had not seen the policy. The policy had been seen and discussed by Staff Affairs. Kris was willing to discuss the committee feedback and she was also willing to come back to discuss it further once all staff council members had seen the document.

It was asked if the Emergency Response Exercise that the University recently went through shed any light on anything that might come out of this policy? Kris noted that the primary take away for cabinet from this exercise in regard to this policy was one of communication and how communications would flow during the emergency exercises with the Chancellor and Vice Chancellors in a command room. During the last ice storm, communication was an issue for cabinet and they have tightened up communication procedures as a result of the exercise.

Kris explained that *administrative leave* is the last option and would only be used if we have to shut down campus. The intent of the policy is to convey that shutting down campus is the last option that the Chancellor would ever go to and this would only happen under very severe conditions, probably not related to weather. Otherwise they would be looking for employees to exercise some other leave options identified in the procedures section. The problem with allowing departments to implement administrative leave is that not all departments can do this. So employees would be treated differently across campus depending upon which department they are in.

Kris stated that we have to stay open as a residential campus. We have students who live on campus who are able to attend classes and carry on business. Only under very severe conditions can they close campus. They have tried to address many leave options so that employees might have choices. Unfortunately they cannot just tell employees to stay home when the weather is bad. They feel that many people can work from home nowadays. So they did strongly encourage this as an option with supervisor approval. She allowed hourly employees to work overtime up to the amount of overtime that would replace the wages they lost from taking leave without pay. This is an option she encourages other supervisors to look at. It didn't impact the budget to make sure that paychecks are not affected. She did try to address this in a way that would meet all needs.

Juella asked if the cabinet says to supervisors – ‘we encourage you to allow staff to stay home and give them leave or flex or overtime.’ Will supervisors hear from cabinet – “this is what we suggest you do and you have the authority to do” and then any staff who have a supervisor who is being difficult, they can refer back to that cabinet statement? Is that what that language means? Kris is unaware of any employees who were stuck in this position. If she knew of such a situation she would try to broker something with the supervisor to explain to them that it doesn't affect your budget if you let employees work X number of hours of overtime to make up the amount the leave without pay that they took.

In addition to asking that difference between exempt and non-exempt staff be taken into account, members also stated the need for a campus wide policy so that it is treated equally across campus, including faculty and staff. Questions were also raised concerning the lack of clarity in the statement “Other options as the Chancellor may authorize.” It was requested that this wording be clarified.

Kris stated that if pay isn't an issue and you can't work from home, then the overtime option may work so that pay is not affected. She further suggested taking a proactive approach with supervisors once the policy comes out to address these issues and noted that these decisions really need to be driven by employee needs and what the employee feels is necessary under emergency conditions.

Kris said that if more time is wanted to assess the options, if council can give her a date of when they might discuss this, then she can convey this to cabinet.

In terms of employee evaluations of supervisors, it was asked whether the document indicated that subordinate input was needed as part of evaluations of supervisors. Kris stated that this was not the language in the document that went out, but that this language could be added back in.

COMMITTEE REPORTS

10. 10:15-10:30 INTERNAL COMMITTEE REPORTS

A. Staff Affairs – Naomi Horne

- The main issues currently facing Staff Affairs were addressed earlier in the meeting.

B. Rural Affairs – Brad Krick

- *Report Attached (Attachment 220-2)*
- Committee meeting minutes are contained in the attached report. Please contact Brad if you have any questions.

C. Elections, Membership, and Rules – Walker Wheeler

- Committee has not met

D. Advocacy Committee – Jodi Baxter

- *Report Attached (Attachment 220-3)*
- There are tours coming up and Advocacy will begin lining up Q&A forums for staff.

11. 10:30-10:40 EXTERNAL STATEWIDE COMMITTEE REPORTS

A. Staff Alliance's Staff Healthcare Committee – Carol Shafford, Cat Williams, and Maria Russell

- *Report Attached (Attachment 220-4)*
- *SCHH Agenda Attached (Attachment 220-5)*

Current committee representatives are Carol Shafford, Cat Williams and Maria Russell. An alternate representative is needed for this committee. Carolyn Simmons volunteered and was selected by Pips to be the Staff Council nominee for the alternate position on SHCC.

SHCC had not met since the last Staff Council meeting. Their next meeting is tomorrow, specific meeting information, including the agenda for tomorrow's meeting, was included as attachments. An email was sent to Staff Affairs outlining the issues that were still being considered. These are the same issues that were discussed last fall that were not implemented. They are moving forward with the Tobacco Surcharge in FY13. There is concern on the committee about how the paperwork will be managed. Each employee has to sign an affidavit stating whether or not they are using tobacco. There will also be an increase in our contribution next year. The issues that they are talking about are listed, and no decision has been made on any of these. Carol can discuss these items further with anyone who is interested. It is Juella's understanding that the Tobacco Surcharge will be implemented and that the role of JHCC and the Staff Health Care Committee at this point is to help with the paperwork as they implement it. She still believes that it is worthwhile for Staff Council to come out in opposition.

Juella S. (Comment): Keep in mind as to the premiums for next year. Because this falls along the lines of collective bargaining with the other unions, the ratio of university covered expenses to employee expenses is 83:17. The university covers 83% of the total cost of healthcare and employees cover 17% of the total cost of healthcare in this fiscal year. The attempt is to stay that ratio in July 1 of FY13. But, this is of the total cost. If the total cost goes up while the ratio stays the same our premiums will go up. The question that is still unknown is by how much. As part of the agreement, over the course of the collective bargaining agreement, over the next three years, we will move to 80:20. Juella believes that this occurs by the end of the current contract that we have with this union we will be at 80:20. It was suggested that we begin to look at actual costs. The Compensation committee has discussed the need for a market competitiveness study to see how our wages compare to those of other state and federal agencies to see we are truly lagging behind as many of us think that we are. It was recommended that benefits also request a competitiveness study.

Based on the work of Staff Affairs last spring, it is Juella's intent, through Staff Alliance, to request a specific Healthcare Task Force to look at our overall package to see how it compares as well as what is working in other places and what variations might we be able to put in place that would work here. What is currently done in the Joint Healthcare Committee and the Staff Healthcare Committee is more reactive than proactive. We will make that proposal to President Gamble requesting that it be empowered by President Gamble and that this is a priority for these people, that it is not staff working on this over and above their regular jobs.

JHCC is also currently meeting, which should create lively discussion at tomorrow's Staff Healthcare Committee meeting. Those appointed by Staff Alliance or UAF, and others who are interested, were urged to attend. There is a push to get decisions made by January.

There is currently no replacement for Mike Humphries. Beth Behner working with Erica to cover this. Juella met with Beth yesterday afternoon and there is not decision as to whether or not he will be replaced quickly.

Any information that the representatives to the Staff Healthcare Committee would like disseminated before the Staff Council meeting should be forwarded to the Staff Council office so that people have time to think about it beforehand. Additionally, written feedback is helpful. The url for state staff healthcare discussions is also useful, especially for larger documents. This url will be sent to all Staff Council members. Staff should regularly check this website for information. It was also asked that each representative receive individual links, such as this, that can be shared with the members of their units.

B. Compensation Committee – Robert Mackey, Dawn Dearing, and Maria Russell

Robert M. stated that he and Maria really collaborated yesterday and put together a strong letter. He hopes that the rest of Staff Council recognizes this and appreciates the final product.

12. 10:40-10:45 EXTERNAL UAF COMMITTEE REPORTS

For the external committee reports, we would like to verify the representatives on each committee. Written reports should be completed for all external committees that have met. If a committee has not met, then “Has not met” must be stated.

A. Master Planning Committee (MPC) – Gary Newman <http://www.uaf.edu/mastplan/>

The Master Planning Committee representative from Staff Council was Gary Newman. The Master Planning Committee will be updating their membership information on their website. If you are on an external committee, please touch base with Nicole to let us know the terms of your appointment.

B. Parking Advisory Committee (PAC) – Shawn Houston

- *Has not met*

Shawn Houston is the Staff Council representative for the Parking Advisory Committee.

C. Chancellor’s Diversity Action Committee (CDAC) – Juella Sparks

- *Report Attached (Attachment 220-6)*

Ginny Kinne has stepped down from CDAC. An additional representative is needed for this committee. Mary Sue has volunteered for this committee. Staff Council has two seats on this committee. Juella plans on stepping down following the October meeting. Kayt S. will be co-chairing CDAC this year.

Kayt S. has an email from Ross Embler, a staff member with the Annual Giving Coordinator. He is interested in serving on CDAC. Kayt asked if the Staff Council representative to this committee had to be a member of Staff Council. Juella believes that CDAC bylaws are appointed by the president. If this was alright with the body as a whole, this is an option. We have one seat that is open now and another seat will be open soon. Pips suggested that Mary Sue be appointed now since she is a member of Staff Council. We can have Ross in mind for the second seat. Mary Sue D. was appointed to fill the open CDAC position

D. Student Recreation Center Board (SRCB) – Carol Shafford

- *Committee has not met.*

Pips confirmed that Carol Shafford was the Staff Council representative to this committee. The committee has not met and there may be changes to this committee taking place.

E. Chancellor’s Planning and Budget Committee

Staff Council needs a representative for this committee. This is a spring semester committee. The intent of the committee generally is to look at the performance based budgeting funding. You prioritize who should get the PP B funding and if any of the proposals should become part of the regular budget request and not a onetime funded project. Shawn Houston volunteered and was appointed by Pips.

F. Chancellor’s Advisory Committee for the Naming of Campus Facilities

This committee does not meet regularly. Maria R. was appointed by the Chancellor and has been filling this position, but we now need to fill this spot. Carol Shafford volunteered and was appointed by Pips.

G. Accreditation Steering Committee – Kayt Sunwood

Kayt Sunwood is the Accreditation Steering Committee representative from Staff Council. Please look at the accreditation website: www.uaf.edu/accreditation. The accreditation evaluation team will be on campus Oct. 3-5, you might be asked by the team about different matters. You can also attend the forum that the accreditation team will be doing. This is very important for the university.

H. Meritorious Award Committee

This committee also meets irregularly and addresses one award called the Meritorious Award. Claudia Koch-Goddard volunteered and was appointed by Pips.

I. Technology Advisory Board Committee (TAB) – Walker Wheeler

Walker Wheeler is the Technology Advisory Board representative for Staff Council.

J. Family Friendly Task Force/Bunnell House Adv – Walker Wheeler and Heather Leavengood

Walker Wheeler and Heather Leavengood are the Staff Council representatives for this committee.

K. Intercollegiate Athletic Council – Pips Veazey and Heather Leavengood

- *Committee has not met.*

Pips and Heather Leavengood are the Staff Council representatives on this committee.

L. Review of Infrastructure and Sustainability Energy Board (RISE) – Mayanna Bean

Mayanna Bean is the Staff Council representative on the RISE Board.

M. People's Endowment Fund Committee

Jennifer Hoppaugh from the Provost's Office has requested that Staff Council supply a representative for this committee. Pips asked for volunteers. Naomi volunteered and was appointed by Pips to serve on this committee.

N. Communication Committee – John Clendenin, Jr.

John Clendenin Jr. will serve as committee chair.

13. 10:45-10:50 AD HOC COMMITTEE REPORTS

Committees like the Calendar Committee, the Administrative Review Committee and the Awards Committee will be reconstituted as we need them and volunteers will be requested at that time.

A. Calendar Committee

Gary Bender, Brad Krick, and Sara Battiest volunteered to serve on this committee .

B. Administrative Review Committee

C. Awards Committee

D. Staff Appreciation Day Committee – Maria Russell and Ashley Munro

For the Staff Appreciation Day Committee, Ashley Munro and Maria Russell will serve as co-chairs.

14. 10:50-11:00 ROUND TABLE DISCUSSION

15. 11:00 ADJOURN

UAF Staff Council President's Report September 2011

Communication Committee

Last spring a communication committee was formed in order to discuss the most effective means for enhancing dialogue among staff council members and constituents. John Clendenin has agreed to head this committee in order to examine current practices and propose standardizing methods of communication for staff council members.

Committee Membership

Nicole has been working hard to confirm committee members for both internal and external staff council committees. We currently have a good list of committees and members and will try to briefly confirm this information at the September staff council meeting.

Staff Council Attendance and Roll Call

The call of names at the beginning of each staff council meeting will be organized by unit, and representatives will be identified within their specific unit. We hope that this will serve to increase an awareness of who represents each unit and help connect representatives within units. In addition, we will be able to efficiently establish which attending alternates can vote and whether we have a quorum.

Staff Compensation

One of the most pressing issues this semester is staff compensation. Juella will be representing Staff Alliance at the Board of Regents meeting in Juneau this week to address staff issues including staff compensation and benefits. Because the Board of Regents makes a final decision on staff compensation in November we have limited time to provide input into this process. It is of utmost importance that we organize efforts through regular communication with our constituents and through staff council forums to educate the staff and solicit feedback.

Health Care

Another major focus for the first semester will be on proposed changes to our health care benefit. Input from staff council will be needed by the end of the calendar year in order to impact decisions.

Employee Tuition Waiver

The employee tuition waiver is being reviewed and changes have been proposed for the upcoming year. Input is currently being solicited about the proposed changes, and the staff affairs committee is in the process of drafting a resolution that states that we do not support changes to the employee tuition waiver benefit. Problems with the proposed changes include negative tax ramifications, the punitive approach to paying for failed classes and details about the connection with the benefit to "satisfactory academic progress".

Staff Council Rural Affairs Committee Report for SC Meeting #220

The Rural Affairs committee met on September 6 from 10:00 AM to 10:45. The main points of discussion were COLA and staff participation in the review of the General Education Curriculum.

Regarding COLA, the committee discussed its possible goals in raising the issue. It was suggested that we consider cost of living increases as part of a total compensation package and produce a graph to demonstrate. We will take up the issue again at our next meeting when we will hopefully have additional information.

The discussion about staff participation in the General Education Curriculum review was tabled until the next meeting.

The next Rural Affairs meeting will be before Staff Council Meeting #221, time and day TBD.

September 8, 2011

Advocacy Committee Meeting

Members: Jodi Baxter, Dawn Dearing, Debbie Gonzalez, Robin Weinant, Cat Williams

Present: Jodi (Chair), Debbie, Robin, and Cat

1. Advocacy meetings through December will meet the second Thursday of the month at 1pm in Room 405 at the Bunnell Building.
 - a. October 13
 - b. November 10
 - c. December 8
2. Staff Tours for following months. Dates and times to be announced :
 - a. September – no plans for tour
 - b. October: Museum of the North (Jodi)
 - c. November – Cold Climate Housing Research (Robin) / Jodi will set up shuttle from a designated location.
 - d. December – Library Tour (Cat)
 - e. Planning spring tours at November and December meetings.
3. Brown Bag / Informative lunches / Discussion Forums:
 - a. The committee's goal for the next three months will be to have current hot topics forums/lunches such as healthcare benefit changes, wage compensation, and tuition waiver and more. We want to get the information out to staff and the voice Staff Council does have in the process.
 - b. Jodi will contact Beth Behner about the upcoming forums UA Benefits office is planning to get the dates and locations out to staff.
 - c. The open forums/ discussions will have individuals such as Beth Behner or others in charge to answer questions and give updates.
 - d. Committee plans to work with the staff affairs committee for the hot topics and what information to get to staff and the rural communities.

Here are some highlights from the last SHCC meeting.

Tobacco Surcharge Recommendations

- a. This surcharge will be instituted in FY13.
- b.
- c. Surcharge or credit?

i. JHCC: Settled on calling it a surcharge because it was more important to charge those not doing desired behavior than crediting those who are already doing it. \$600/year, rather than \$50/month because of differing contract lengths. Some consternation in the way it shows up on pay stubs—if it was a credit, everyone would be charged a higher rate, and non-smokers would receive it back, which would be perceived as being taxed on it.

ii. SHCC: Support calling it a surcharge rather than sugar coating it. Decision to have a single annual amount (rather than monthly) makes sense.

c. Length of time tobacco free and review of status

i. JHCC: Six months tobacco free, or have completed a cessation program within the last six months; a mid-year review so employees have an opportunity mid-year to demonstrate they've quit or completed a cessation program and end the surcharge. Mid-year would take effect pay period after January 1st, with data collection in November to key in Banner before Christmas. Only those already paying the surcharge would need to fill out the paperwork, and only if they wanted to end the surcharge.

ii. SHCC: Six months, with a mid-year review, to provide more of an incentive to quit or complete a cessation program.

d. Affidavit

i. JHCC: Decided they weren't the best body to write the form. HR will write it, vet it with General Counsel, and bring to JHCC for review.

ii. SHCC supports this recommendation.

e. Tobacco Cessation Program

i. JHCC: Looked at forms for non-tobacco use programs. Liked certification that included "Quit for Life" program (available to employees & dependents effective July 1st—web and phone based, so it's available for smaller campuses and off hours), also accept other cessation programs so that people can use the method that works for them. Also includes support groups sponsored by hospitals, therapy monitored by physician, acupuncture or hypnosis with a licensed practitioner. Most will either be covered by the plan or available for free. Keep in mind that quitting is hard, and it will likely take most people several attempts to quit. No limit on number of times using cessation program, because we want to give them continued opportunities.

f. Additional SHCC Recommendation: Operate on the honor system, with no testing of employees.

g. Do we want to discourage employees reporting each other? Postpone until we have the

language of the affidavit being developed by HR and General Counsel.

HRAs and HSAs

- a. A lot of discussion on HRAs and HSAs, in the end the JHCC decided there wasn't enough information at this time, postpone for one more year.
- b. Lisa recommended looking at plan selections for FY12, let that inform how we steer the plan one way or the other. Consider how many people took the deluxe plan and whether we use it in the future. Already promised no major changes to next year's plan, so we can't remove the deluxe plan. Consider having two HDHP plans, one with the HSA, one without. This would allow us to deal with the people who can't use HSAs.
- c. Address stumbling blocks: pharmacy costs in HSA would have to be rolled back into medical and subject to 80/20 rule. Redistribution for people who primarily use the pharmacy benefit. On the other hand, an HSA is fully portable so you can take it with you if you leave the university. With an HRA, the employee can't put money in it, but they could also set up an FSA in addition.
- d. Recommendation: Revisit HRA/HSAs for possible implementation in FY14, with the potential of offering two HDHP plans, one with an HSA included and one without. These discussions could begin in FY12, to allow time to work out the details before they would have to be implemented.**

Draft Tobacco Surcharge Documents

Frequently Asked Questions – Tobacco Surcharge

Q. What is the UA tobacco surcharge?

A. This surcharge, going into effect July 1, 2012, adds \$600 a year to the employee charge for health care if the employee or a dependent enrolled in UA's health plan uses a tobacco product or has used tobacco products within the past six months and has not demonstrated eligibility for a waiver from the surcharge.

Q. What is considered a tobacco product?

A. Tobacco use subject to the surcharge includes tobacco that is smoked such as cigarettes, pipes or cigars, as well as smokeless tobacco, such as snuff or chewing tobacco. Tobacco use, by either an employee or his/her dependent enrolled in the health plan, subjects an employee to the surcharge, when use has occurred within the past six months.

Use of nicotine patches, nicotine inhalers or electronic (green) cigarettes, will not require an employee to pay the tobacco surcharge.

Q. How do I avoid the surcharge?

A. The surcharge will be added automatically to your health plan charge, unless you complete one of the following certification forms:

“Non-Tobacco Use Certification,” {LINK} or

“Certification of Tobacco Cessation Program Participation” {LINK}

Once completed and signed, the certification form must be submitted to your human resources office for processing during open enrollment, or in November if you wish to apply for a mid-year waiver of the tobacco surcharge.

Q. How often do I have to certify my tobacco use?

A. Once a year during open enrollment, all UA employees will be asked to certify whether they are eligible for a waiver of the tobacco surcharge. If an employee does not complete and submit a certification form during open enrollment, the surcharge will go into effect at the beginning of the plan year, which starts the first of July.

Once a certification form has been submitted during open enrollment, the waiver of the surcharge will be in effect for the entire year.

Q. How does the mid-year waiver work?

A. There will be a mid-year opportunity for an employee to certify tobacco-free status if their or their dependent's tobacco use has not occurred for 6 months, or if the tobacco user has enrolled

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and is participating in a tobacco cessation program. The employee may submit a form in November and be eligible for the waiver effective the following January. Mid-year waivers will be in effect for the remainder of the plan year, until June 30.

For example, if you were a tobacco user in April during open enrollment, but have not used tobacco in six months, you can submit a Certification of Non-Tobacco Use in November. The certification forms are available on-line at www.alaska.edu/benefits, or may be obtained from your HR office.

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Q. I don't smoke or use tobacco, but my spouse, who is on my plan as a dependent, does use tobacco. Do I have to pay the surcharge?

A. Yes. If you or any covered family members use tobacco products or have used tobacco products within the past six months, the \$600 annual surcharge applies unless you are eligible for a waiver because of current enrollment/participation in a tobacco cessation program.

Q. Both my covered dependent and I use tobacco. Do I have to pay more than \$600?

A. No. If your dependent is covered on the UA health plan only through your employment (i.e. the dependent is not employed by the University and covered directly), the tobacco surcharge will be \$600 annually even if both of you use tobacco.

Q. What if my spouse and I are both employed by the university and we don't cover each other as dependents. If both of us use tobacco, what is the amount of the tobacco surcharge we would pay?

If both you and your spouse/partner are employed by UA and are covered by the UA health care plan as employees, you will both be charged the surcharge. However, as you are enrolled in UA's health care plan as individual employees rather than being listed as a dependent on the other person's plan, each of you can receive a waiver of the surcharge for attending a tobacco cessation program.

Q. If I'm still using tobacco, what can I do to avoid the surcharge?

A. UA cares about your health, and would like everyone to be eligible to avoid the charge. Once you and enrolled dependents are able to certify that you have been tobacco free for six months, or if you certify that tobacco users have enrolled and are participating in a tobacco cessation program, you can submit a certification during open enrollment or during the month of November in any year. You can be approved for a waiver of the surcharge effective July 1 or January 1, depending when you submit the certification.

Q. I want to quit using tobacco, but need help to do it. What should I do?

A. The following programs are available; the list is also available on the UA benefits website [\[link\]](#)

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- The University of Alaska's employee assistance program: www.alaska.edu/benefits/employee-assistance-progr/
- Alaska's Tobacco Quit Line: www.alaskaquitline.com/
- The American Cancer Society: www.cancer.org/Healthy/StayAwayfromTobacco/index
- American Lung Association: www.lungusa.org
- Centers for Disease Control and Prevention: www.cdc.gov
- National Alliance for Tobacco Cessation: www.thenatc.org
- Nicotine Anonymous: www.nicotine-anonymous.org
- Quit Now Program: www.smokefree.gov Free and Clear Quit for Life Program www.quitnow.net/rockwellcollins/
- Free and Clear Quit for Life Program www.quitnow.net/rockwellcollins/

draft

Q. What if I use tobacco, but submit a certification form stating that I do not use tobacco? Will there be a penalty if this is discovered?

A. UA employees are expected to provide accurate and truthful statements on all employment forms. Therefore, if it is determined that you submitted false information on UA's "Non-Tobacco Use Certification," you would be subject to paying the surcharge for the applicable plan year as well as potential disciplinary action up to and including termination.

Q. Why is the surcharge being implemented?

A. Tobacco is considered the leading preventable risk factor for illness and disease. Following consultation with UA health care committees, UA decided to implement a surcharge for tobacco use by employees and dependents on UA's health care plan. The effective date of the tobacco surcharge was delayed so there would be an opportunity for employees and dependents to try to stop using tobacco, including participating in a formal program of tobacco cessation for assistance with that effort.

Several other public health plans have added, or are adding, a surcharge for tobacco use: Alabama, Georgia, Kansas, Kentucky, Indiana, North Carolina, South Dakota, Tennessee and West Virginia. Many private companies are doing the same.

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Tobacco Surcharge

Beginning in the FY13 Plan Year, the University of Alaska will implement a tobacco surcharge. Employees receiving health care will be required to pay \$600 per year in addition to the health care

charge if they or their dependents use tobacco products. The surcharge will be waived for those employees who certify that tobacco products are not used or if the employee/dependent is actively

enrolled in a tobacco cessation program. The details of the program and eligibility are outlined below.

- Tobacco is defined as cigarettes, pipes, cigars, chewing or smokeless tobacco.
- "Non-tobacco user" is defined as a person who has not used tobacco for at least six months before the date the enrollment certification is signed.
- To have the surcharge waived, employees enrolled on the health plan must certify that they and their dependents are non-tobacco users or that they are tobacco users enrolled in a cessation program.
- If the employee/dependent has used tobacco products in the prior six months before the tobacco use certification is signed, the surcharge will be waived if the tobacco user enrolls and is participating in a designated tobacco cessation program by the due date for submission of the certification.
- If it is unreasonably difficult due to a medical condition, or if it is medically inadvisable for the employee/dependent to achieve the standards under this program, the employee is asked to contact contact name, title, phone number to develop another method to qualify for a waiver.
- Employees can receive a waiver for the surcharge for the next plan year by completing a

certification of non-use or tobacco cessation program enrollment/participation during open enrollment. Another mid-year opportunity to complete a certification will occur between November 1-30 each year. Employees who are eligible for a waiver following the midyear certification will have their tobacco surcharge halted during the first full payroll period of January.

- o Employees enrolled in the medical plan must submit a completed certification during Open Enrollment or during the November opportunity, if they wish to apply for a waiver of the tobacco surcharge.

- o An employee who submits inaccurate or false information on a certification regarding eligibility

for a waiver of the tobacco surcharge may be subject to having the surcharge applied retroactively for the applicable plan year, and possible discipline for dishonesty and falsification of documents.

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Non-Tobacco Use Certification

Neither I nor my dependent(s) enrolled on the University's health care plan currently use tobacco

products or have used them within the last six months.

Please print the following information:

Employee Name

Employee ID #

Work Phone

Email Address

Please keep a copy of this certificate for your records and send the original to Name, Title, by the

Open Enrollment deadline (May 15) or the mid-year deadline (November 30) to be considered for

waiver of the tobacco surcharge at the next opportunity, i.e. July 1 or January 1, respectively.

If you have any questions, please contact Name, Title, Phone Number.

I certify that my statements on this form are true and accurate. I further understand that any misrepresentation of information on this affidavit will require my payment, through payroll deductions

or otherwise, of the tobacco surcharge during the current plan year. Dishonesty or misrepresentation

of information on this affidavit may also result in disciplinary action up to and including termination.

Employee Today's Date

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Certification of Tobacco Cessation Program Participation

_____ I am currently a tobacco user, but I am actively enrolled in one of the tobacco cessation programs listed below.

_____ One or more of my dependents uses tobacco, but all of those dependents are actively enrolled in one of the tobacco cessation programs listed below.

Please check boxes below to indicate all of the programs in which you and/or your dependent(s) are enrolled. Date of enrollment: _____.

- ☐ ComPsych tobacco cessation program
- ☐ 1-866-465-8934
- ☐ State of Alaska Tobacco Quit Line
- ☐ 1- 800-QUIT-NOW
- ☐ A Tobacco Cessation class or support group sponsored by a local hospital
- ☐ Use of a Nicotine Replacement Therapy monitored by your physician
- ☐ Use of an Alternative Therapy (i.e. Hypnosis, Acupuncture) monitored by a Licensed Practitioner
- ☐ Alere Wellbeing (Quit for Life) and includes Nicotine Replacement Therapy

Please print the following information:

Employee Name

Employee ID#

Work Phone

Email Address

Please keep a copy of this certificate for your records and send the original to Name, Title by May 15,

2012 to be precluded from the tobacco use premium surcharge July 1, 2012. Documentation or program completion (i.e. certificate or letter) must be submitted by May 15, 2012.

If you have any questions, please contact Name, Title, Phone Number

I certify that my statements on this form are true and accurate. I understand that any misrepresentation

of information on this certificate will subject me to the requirement to pay the tobacco surcharge, through payroll deductions or otherwise, for the current plan year. I further understand that dishonesty

or misrepresentation of information on this certificate may subject me to disciplinary action up to and including termination.

Employee Today's Date

SHCC Agenda

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Other Items Under Consideration for FY13

I. Institute a Spousal Surcharge. This would deduct a certain dollar amount, *e.g.* \$50 monthly, from the pay of any benefits-eligible employee who has enrolled his/her spouse in UA's health care plan. The surcharge would only apply if the spouse is eligible and has access health care benefits through their own employer.

Explanation: The university wants to be an employer of choice without being an insurer of choice. UA should not have a plan that is so reasonably priced for dependent coverage that spouses decline the coverage offered by their own employer and choose to be covered by the UA plan. The university's charging structure to date has not provided a disincentive for members to enroll their spouses under UA's plan rather than their own.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both JHCC and the SHCC were opposed to this change at this time. SHCC wanted to UA to see if the plan changes in FY12 will reduce the number of spouses enrolled on the plan and if not, a spousal surcharge could be added in FY13.

CHRO's Recommendation and Rationale: A spousal surcharge was not recommended for FY12 as the significant increases in family deductibles will tend to operate as a deterrent to enrolling spouses if they have equivalent coverage elsewhere. However, this type of surcharge will remain under evaluation as we review how many spouses are enrolled on UA's plan. Data on other coverage will be gathered by the vendors conducting the dependent audit, which will help us further evaluate this type of surcharge.

2. Create new tiers for dependent charges, so that covered members will pay more for larger families than is currently the case.

Explanation: Currently, the University has 4 dependent charging tiers: Employee only, Employee plus spouse, Employee plus child(ren) and Employee plus family. While the current structure does address the increased costs of adding dependents, if we added more tiers, it would allow better control of the increased cost to the plan when large families are covered.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC recommended more research on the methodology for setting employee rates and further analysis of types of claims dependents are having. If the research supports a change, it could be implemented in FY13.

CHRO's Recommendation and Rationale: Continue to evaluate this as Lockton gathers more information and analysis regarding the costs to the plan caused by dependent usage.

3. Charge part-time employees an increased employee charge for health care coverage.

Explanation: Currently, part-time employees are eligible for health care if they are in a benefits-eligible position and work over 20 hours per week. Many employers do not offer health care coverage to employees at this Iowa level of hours worked, or the employers may charge the part-time employee a higher cost for coverage than full-time employees pay. Some employees work part time due to their own preference, or in order to obtain health care benefits. If there is no business need to hire part-time employees, the university incurs greater costs when it hires 2 part-time employees with two benefits packages rather than 1 full-time employee with one benefit package.

Input by the Joint Health Care Committee and Staff Health Care Committee:

Both the JHCC and SHCC recommended more research into the claims costs for parttime employees. If the research supports a change, it could be implemented in FY13.

CHRO's Recommendation and Rationale: CHRO recommends reviewing this issue further. Currently, the university employs about 300 part-time, benefits eligible employees, but it is not known how many of these employees are part time due to the university's needs and how many have requested to be part time. The university contributes the same amount for health care for part time, so the benefits costs are higher relative to the salary costs than is the case for a full-time employee. However, it is not known whether part-time employees cost more in terms of health care plan utilization. Rather than a part-time surcharge for benefits, the university may want to limit health care coverage to those employees working 30 or more hours per week. Effective January 1, 2014, Federal law will require employers to provide health care coverage to employees on a full-time basis if they work a minimum of 30 hours per week. Increasing the hours needed for health care eligibility would require a modification to University Regulation 04.06.149, "Benefits for Extended Full Time and Part-Time Temporary Employees," as well as changes to health care plan documents.

4. Exclude high risk activities from coverage under UA's health care plan.

Explanation: Activities such as sky diving, bungee jumping, operating a motorcycle or plane, scuba diving, hang gliding, rock climbing, parachuting and parasailing could be excluded from coverage.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC questioned how this could be administered and what activities should be included as "high risk."

CHRO's Recommendation and Rationale: Review this issue later, after additional information is gathered. Eliminating high risk activities would mean that employees would bear the entire costs of medical care if accidents occurred while engaging in such activities. Such exclusion would be highly controversial and unwelcome to employees who are active and adventurous.

5. Tie employee charges to completion of wellness/fitness activities and outcomes.

Explanation: This approach would base employee deductions on documented statistics and measures of involvement in activities that promote health and wellness and therefore are predicted to reduce the individual's risk to UA's health care plan. Through lower employee charges, an incentive would exist to encourage employees to obtain an annual physical, complete an annual health risk assessment, obtain and monitor biometrics and BMI, as well as to participate in defined activities to improve fitness, good nutrition, a healthy weight and positive lifestyle choices.

Input by the Joint Health Care Committee and Staff Health Care Committee: JHCC and SHCC need to be involved in the development of wellness activities that would lead to the lower employee charge.

CHRO's Recommendation and Rationale: There is widespread support for tying employee charges to documented wellness activities, so that employees who are trying to avert their own health complications and chronic conditions are charged less than those

who are not making such an investment of their time and effort. Using measured activities and outcomes as a basis for employee charges is more effective than rewarding activities without subsequently reviewing whether or not they have resulted in a reduction of risk factors. Lockton has the ability to analyze the utilization of UA's plan, which will help us in structuring an incentive structure likely to yield positive plan results. However, more time is needed to work with Lockton, UA health care committees and employee groups to consider the type of incentive structure to devise that will be well received by employees and make a difference to plan use. A differential charging structure based on a number of participation levels would require Banner system changes, as modifications in the employee charge structure must be programmed into the payroll system.

6. Implement a Surgical Travel health care plan feature.

Explanation: Research into the costs for particular medical procedures performed in Alaska compared with the costs for the same procedures performed in the Northwest shows that there is a substantially higher medical cost for some medical procedures obtained in Alaska. The university's medical plan could offer members who need certain kinds of surgeries additional financial support to help defray travel and related costs if they decide to have the surgery in designated treatment centers in the Northwest. Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

CHRO's Recommendation and Rationale: This idea should receive further review as to the level of support that would serve patients' interests and needs, while still representing a significant cost saving to the university. This should be considered only for those members/covered dependents who prefer to travel to obtain surgeries. A pilot project with eligibility limited to certain surgical procedures would be a sensible way to test this option.

7. Establish an onsite medical clinic in Fairbanks or Anchorage.

Explanation: A medical clinic, staffed with UA-employed MDs or physician assistants and staff, could be located on or close to UAF or UAA to serve university employees and their dependents. This would present a major investment, due to the need for a facility and staff for such a clinic. However, universities and other organizations that have opened their own clinics are better able to control medical costs, while offering services conveniently close to the workplace.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

CHRO's Recommendation and Rationale: This is an idea for consideration in the future with the likely pilot project being UAN's physician assistant program.

8. Eliminate the current award of \$1 00 per year for each covered employee and spouse who completes a personal wellness profile (PWP or health risk assessment).

Explanation: The university has provided this amount every year for participating employees and spouses since 2004, when a provision was first negotiated into CBA articles regarding this payment. Completion of a personal wellness profile (PWP)

provides the individual with feedback on their state of health as well as making recommendations for steps that can be taken to improve their health risk levels, addressing issues such as the level of physical fitness, mental health, diet, alcohol consumption and stress. However, the biometrics reported in the health risk assessments are all self reported and there is no linkage between the PWP contents with any referral to medical providers, disease management services or the employee assistance program. Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC were both in favor of eliminating the \$100 award for the simple task of

completing the PWP, believing that such an incentive could more beneficially be used to reward activities that have a greater impact on employee behavior.

CHRO's Recommendation and Rationale: CHRO agrees with this assessment and is in favor of biometrics being measured and entered into a data base that can be forwarded for review by UA's disease management program to assure appropriate follow up and attempted intervention. However, the provision for the \$100 award to employees and spouses is currently referenced in collective bargaining agreements, and hence must be changed through negotiations or via a memorandum of understanding with the unions.

9. Require employee participants to complete 5 out of 6 sessions when they enroll in the university's Individual Health Plan (IHP) coaching program, or pay a penalty.

Explanation: Currently, about 20% of participants drop out of the IHP program after enrolling. They take up space that others could utilize, which results in an inefficient use of WIN for Alaska's staff and increased costs to U A.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and SHCC recommended that rather than a penalty for non-completion, we consider a reward or incentive for successful completion of all 6 IHP sessions.

CHRO's Recommendation and Rationale: CHRO agrees with the committees' recommendation and will continue to review this issue, recognizing that the value of the IHP offering itself is very valuable to each individual who is able to participate in the sessions.

10. Require employees to participate in obtaining and logging biometric information upon enrollment into IHP sessions, as well as at the end.

Explanation: Currently, IHP enrollees may choose to have biometric screening, but it is voluntary. Further, even if the biometric numbers are logged into the employee's own wellness page, the information is not entered into a database so that aggregate statistics can be reviewed or personal information forwarded to UA's disease management program for follow up. The recommendation would change this, making it mandatory to have biometric information gathered and shared in a confidential manner with UA's disease management providers.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC members recognized the value of requiring biometrics for appropriate individual follow up/intervention.

CHRO's Recommendation and Rationale: CHRO supports mandatory gathering, logging and reporting of IHP participants' biometric information to UA's disease management vendor.

A review by Lockton of the aggregate biometric information of IHP participants could also allow U A to more reliably determine whether the IHP program is providing the university an appropriate return on investment. IHPs are personalized coaching services that can directly help individuals to make health and lifestyle changes, but they are expensive to deliver because of the one on one sessions offered. Individuals who are realizing the benefit of the personalized coaching should be willing to participate in the review of its effectiveness.

UNIVERSITY of ALASKA

Staff Alliance

UA Staff Health Care Committee

Draft Agenda

September 22, 2011 9:00-10:30

Video Conference Locations

UAA – Adm 201 UAS Juneau – TBD UAF - TBD

Audio Bridge: 1-800-893-8850, participant PIN 4236369

Attachments: Draft Minutes from August

Tobacco Surcharge draft documents

1. Call to Order, Roll Call, and Approval of the Agenda

Name	Representative Group	E-mail
Craig Mead, Chair**	UAA Classified Council	cimead@uaa.alaska.edu
Linda Hall	Statewide Administration Assembly	linda.hall@alaska.edu
Lisa Sporleder*	JHCC Voting Member Statewide Administration Assembly	lisa.sporleder@alaska.edu
Melodee Monson*	JHCC Voting Member UAA APT Council	melodee@uaa.alaska.edu
Russ Pressley	UAA APT Council (alternate)	afrrhp1@uaa.alaska.edu
Carol Shafford	UAF Staff Council	cashafford@alaska.edu
Maria Russell	UAF Staff Council	mtrussell@alaska.edu
Catherine Williams	UAF Staff Council (alternate)	cewilliams2@alaska.edu
Richard Machida	UAF Staff Council (alternate)	rm@alaska.edu
Elizabeth Williams	UAS Staff Council	eawilliams2@uas.alaska.edu
Gwenna Richardson	UAS Staff Council	girichardson@uas.alaska.edu
HR Representative, <i>ex officio</i>	UA Human Resources	

* Joint Health Care Committee (JHCC) Voting Member **JHCC Alternate

2. Brief Status Updates

- a. Committee Business—*Craig Mead*
 - i. Approval of Minutes from August
 - ii. Transition for HR Benefits representative on the SHCC
- b. JHCC September meeting—*Lisa Sporleder, Melodee Monson, Craig Mead*

4. Tobacco Surcharge Update—

- a. FAQ and Certification drafts for committee review and input

5. Discussion of Potential Plan Design Changes for FY13

- a. Agenda packet includes communication to employees about plan changes for FY12. These files and more are available here: <http://www.alaska.edu/benefits/health-plan-changes/>.
- b. Does the committee support considering any changes to the health care plan in the fiscal year that begins in July 2013? If so, what should be on or off the table?

6. Revisit HRA/HSAs after data is available on the number of employees on each plan

- a. We were presented with enrollment numbers last month. What is our next step to move forward?

7. Topics for next meeting

- a. Thursday, Oct. 27th 9:00-10:30

UNIVERSITY of ALASKA

Staff Alliance

UA Staff Health Care Committee Draft Minutes

August 25, 2011 9:00-10:30

Attendees: Megan Carlson, Lisa Sporleder, Linda Hall, Kat Williams, Melodee Monson, Mike Humphrey, Beth Behner, Todd Leveridge (Lockton), Craig Mead, Elizabeth Williams, Russ Pressley, Kim Fackler, Juella Sparks

1. **Call to Order, Roll Call, and Approval of the Agenda and Minutes from June & July**
2. **Brief Status Updates on JHCC**
 - a. JHCC: Charter Committee had not met. Unclear what the status of the 2nd voting member of non-represented staff would be. Charter committee to meet prior to 9/21 meeting.
 - b. Heard reports on Pharmacy utilization. Some prescriptions may see cost saving opportunities this fiscal year, due to new generics that are expected to be available.
3. **Tobacco Surcharge Update**
 - a. Discussed draft affidavit form and FAQ. There was general agreement with JHCC that FAQ needed more clarity regarding the requirement of non-smokers to complete and turn in affidavit during open enrollment.
4. **4th quarter utilization information presented by Todd Leveridge (Lockton)**
 - a. Large Claims accounting for much of cost increases seen on the plan. Some large claims categories could suggest conditions from lifestyle. University should continue emphasis on prevention and wellness.
 - b. Emergency room claims data suggests that plan members are going to the ER for appropriate services.
 - c. Slight increase in length of stay for inpatient services, still before Premiera Norm.

UNIVERSITY of ALASKA

Staff Alliance

UA Staff Health Care Committee 2011-2012 Membership List

Name	Representative Group	E-mail
Craig Mead, Chair **	UAA Classified Council	cimead@uaa.alaska.edu
Linda Hall	Statewide Administration Assembly	linda.hall@alaska.edu
Lisa Sporleder*	JHCC Voting Member Statewide Administration Assembly	lisa.sporleder@alaska.edu
Melodee Monson*	JHCC Voting Member UAA APT Council	melodee@uaa.alaska.edu
Russ Pressley	UAA APT Council	afrrhp1@uaa.alaska.edu
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Carol Shafford	UAF Staff Council	cashafford@alaska.edu
Maria Russell	UAF Staff Council	mtrussell@alaska.edu
Catherine Williams	UAF Staff Council (alternate)	cewilliams2@alaska.edu
Richard Machida	UAF Staff Council (alternate)	rm@alaska.edu
Elizabeth Williams	UAS Staff Council	eawilliams2@uas.alaska.edu
Gwenna Richardson	UAS Staff Council	girichardson@uas.alaska.edu
Mike Humphrey, <i>ex officio</i>	UA Human Resources	mike.humphrey@alaska.edu

* Joint Health Care Committee (JHCC) Voting Member **JHCC Alternate
Last Updated: August 15, 2011

UNIVERSITY
ALASKA
Many Traditions One Alaska

DATE: January 21, 2011

TO: Patrick K. Gamble, UA President

FROM: Beth E. Behner, Chief Human Resources Officer

SUBJECT: Recommended Changes to UA's Health Care Plan for FYI2

The University's System HR office has worked extensively with the University's Joint Health Care Committee (JHCC) and the Staff Health Care Committee (SHCC) over the course of the last year to review possible changes to the University's health care plan. In August, 2010, the University hired a new consultant, Lockton, whose representatives have been invaluable in helping us analyze and consider a range of options. Presentations of our analysis of the University's growing health care costs and possible ways to address it have been shared with the health care committees, UA's Human Resources Council, UA's Business Council, Governance groups throughout the system, UA's executives and UA's Board of Regents, with input received and considered from each meeting. For FYI 0, UA's actual health care costs were \$65M. The bottom line is that if plan changes do not occur, the University's health care costs are projected to increase by \$6.5M for FYI1 and another \$7.2M for FYI2. By FYI7, a status quo health care plan would cost UA \$72.5M more than it currently does, which means UA would experience a doubling of its health care costs over seven years. Documents and briefing summaries concerning plan costs and plan design options are maintained on UA's SWHR Benefits website, for easy access by employees concerning information gathered and the status of issues under consideration. The review process by UA's health care committees has now concluded.

Under the terms of the collective bargaining agreements (CBAs) between the University and its represented benefits-eligible employees, the JHCC makes recommendations based on a consensus approach or a formal vote if consensus is not possible. Although representatives of the Staff Health Care Committee are not in a union, the University operates in a collaborative fashion with them to review health care plan issues and consider the staff committee's recommendations. At the conclusion of the input and consideration process, recommendations from both committees were forwarded to me as the University's Chief Human Resources Officer (CHRO). The language in the CBAs calls upon the University to accept the JHCC's recommendations unless the CI-IRO determines that the best interests of the University and the health care plan would not be served in accepting the recommendation(s). In this memo, I have described whether my recommendation on behalf of UA's administration is aligned with the JHCC and the SHCC recommendations or if it differs, as well as the rationale for reaching any decision which differs from the recommendation or input from the JHCC and the SHCC.

The University health care committees have been informed that because of the significant level of plan design changes under discussion, I planned to consult with you before final decisions are made. In this memo I am presenting for your consideration, 3 health care plan changes and pharmacy changes to be implemented in FY12, for a total projected cost savings to the health care plan of \$7,815,500. Some plan changes for FY12 have associated features that will be implemented or continued during FY13. Beginning on page eight of the memo, I have addressed other plan changes that I am not recommending at this time, or that are recommended for further review or for future implementation.

Please let me know if you endorse these recommendations. I will then proceed accordingly to communicate the decisions to UA's health care committees and begin working toward implementation.

Medical Plan Change Recommendations for FY12

- I. Eliminate costly features of the current deluxe plan. Maintain three health care plans (Low, Medium and High), from which employees may choose. Increase deductible and out-of-pocket maximum levels for all plans. Because of the significant savings to the University from implementing these changes, the total amount of employee recovery needed will not change from FY11 to FY12. Therefore, UA will not seek an increase in total employee contributions, although the University will consult with its health care committees prior to establishing employee charges for the health plan tiers. The University does not plan to make any additional deductible or out-of-pocket maximum levels for UA health care plans through FY13, although other health care or pharmacy plan changes may be determined necessary.

Explanation: See attached chart of proposed tiers, with modified deductible and out of pocket (OOP) maximum levels.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC did not have enough votes to reach a formal recommendation for any of the specific plan scenarios formally considered. However, union representatives on JHCC were generally not in favor of the plan changes I have recommended. They expressed concerns that too many costs would be shifted to employees through the proposed increases to deductibles and out-of-pocket maximums. The SHCC's preferred scenario was one which made less significant changes to the deductible and out of pocket maximum levels, for a projected savings level of \$3.9M.

Rationale for CHRO's Recommendation: The current deluxe plan does not steer plan members to network doctors and hospitals by requiring a higher coinsurance on non-network providers. This results in much higher plan costs since non-network providers charge the plan more for their services.

Deductibles and out of pocket maximums need to be increased across the board as they have not kept pace with years of medical inflation. For example, the \$100 individual deductible contained in the university's deluxe plan has been in effect at least since the early 1970s. Higher deductibles and out-of-pocket maximums for all three plans will increase consumerism because members will spend money out of pocket first and will not qualify as quickly for 100% coverage by the health care plan.

As a part of the recommendation for the plan changes listed on the attached spreadsheet, the University would implement a health savings account (HSA) or a health reimbursement account (HRA) in combination with a qualifying high deductible plan for the Low Tier in FY13. This would be a further step in incenting plan members to make careful use of the health care plan. With the implementation of an account based plan, the University would provide "seed money," to cover some first dollar costs. The deductibles and out-of-pocket maximum amounts for the Low Tier would be increased by the amount determined appropriate for the seed money. The university's contribution to employees of the seed money will remain in members' accounts (HSAs or HRAs) until such time as the money is used on a first dollar basis to satisfy their deductibles, coinsurance and co-pays. Members may carry unused HSA or HRA funds over from year to year while employed. Only with an HSA would an employee be able to retain account funds after leaving UA employment. The Low Tier plan proposed for FY12 will qualify for and be easily transitioned to the implementation of a HSA or HRA account-based health care plan.

My decision to make the present recommendation for the described changes in the absence of full support or consensus by UA's health care committees is based on the following reasons:

- A. This plan change will more immediately shift behavior and increase careful utilization by health care plan users.
- B. This plan change allows stability through the intention to have the major health care plan features (deductibles and out of pocket maximums) in place for at least two years. If we made more modest plan changes now, we would likely have to increase deductibles and out-of-pocket maximums again in FY13.

- C. This plan change permits us not to have to increase the total amount of employee contributions for health care in FY12. A less significant change in the plan's deductibles and out-of-pocket maximums would have required the University to increase all employee charges for FY12. This would have resulted in less take-home pay for all employees, whether or not they have used any medical or pharmacy services. The recommended plan bases increased costs to employees on the level of their actual plan use, rather than applying increased costs to all employees.
- D. This plan change creates a Low Tier plan that is ready to be accompanied by an HSA or HRA for FY13. This will enable the university and its health care committees to educate employees on the features of account based plans, which some employees will find very attractive.
- E. This plan will prepare the university for future health care reform changes that go into effect in 2014 and 2018. On the latter date, the "Cadillac tax" will go into effect (a tax of 40% for benefit values over the set limits of \$10,200 for a single employee and \$27,500 for a family.)

Estimated savings to the health plan budget-- \$6,500,000

- 2. Institute a Tobacco Surcharge for employees if they or their covered spouse/dependents use any tobacco products. A charge of \$50 per month would be deducted from the employee's pay.

Explanation: Upon enrollment in the health care plan, employees would be presumed to be tobacco users subject to the charge unless they submit a signed form stating that they and their dependents do not use tobacco.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

Rationale for CHRO's Recommendation: A monthly charge of \$50 is an amount sufficient to incent people to reconsider their use of tobacco. Tobacco users cost the plan substantially more than non-users because of the adverse health effects of tobacco use over time. Depending upon where you live in the U.S., a habit of one pack per day can cost up to \$1,800 in increased health care per year. In announcing this new surcharge, the university will inform current tobacco users that they may avoid this surcharge by participating in a smoking cessation program, which will be offered on a no-cost basis by the university. Following the implementation of the surcharge in July, 2011, members who use tobacco will only qualify for removal of the surcharge if they and their

dependents have been tobacco free for 12 months or have satisfactorily entered a tobacco cessation program and not resumed tobacco use.

Estimated savings to the health plan budget-- \$504,000

3. Conduct a dependent audit.

Explanation: Until this current fiscal year, the university did not require documentation from new employees to verify the eligibility of spouses or dependents whom the employee wished to enroll in UA's health care plan.

In July 2010, UA changed its health care plan, instituting a program to check dependents' eligibility documents, e.g. birth certificates and marriage certificates. This review process is currently done by the MAU HR offices. Checking occurs for new hires only, or when current employees request to add a spouse/dependent. A dependent audit, conducted by an external vendor who is a specialist in this type of verification, will be employed to ascertain the eligibility of every dependent listed on UA's health care plan.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

Rationale for CHH.O's Recommendation: The cost of covering ineligible dependents on our plan is an expense that must be avoided. As health care costs have increased, it is to be expected that some employees would attempt to list individuals on the plan even though they are not eligible under the terms of UA's plan.

Reviewing eligibility of adult children of dependents is another task that will be done as a part of the dependent audit. The university has carefully scrutinized eligibility when covered children reach the age when they are no longer eligible for health care coverage. Under the terms of the current plan, enrolled children will not be eligible for health care at age 19 unless they provide proof of enrollment as full-time students. Children of UA employees currently are no longer eligible for coverage whatsoever once they reach the age of 24. However, on July 1, 2011, federal law will require the coverage of employees' dependents until they reach the age of 26. Those children currently not covered by UA's plan due to age or lack of full-time student enrollment status will be entitled to return to coverage until they are 26 years old. A dependent audit will help the university with the extensive process of reviewing eligibility of the new category of dependents who have never been on our plan or who have left it and are requesting to be returned to coverage under the federally mandated plan changes.

Estimated savings to the health plan budget -- \$500,000, over and above the cost of the audit's cost of between \$65,000 and \$75,000. In the contract with the vendor, there is a vendor guarantee that if UA does not have a 4% drop of ineligible dependents, they will reduce their fee proportionately for every tenth of a percentage point below 4%. Thus, if UA were to only achieve a 3% ineligible drop rate, a 25% reduction in the fee would occur and UA would receive back approximately \$17,000 in fees.

Pharmacy Plan Change Recommendations for FY12:

- I. Move certain prescription products to the Tier III copay from Tier II, and require preauthorization before prescriptions for these drugs can be filled.

Explanation: Nexium, Dexilant, Proton Pump Inhibitors and Non-Sedating Antihistamine (NSA) drugs are available in chemically equivalent over the counter form.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both committees considered whether to remove these drugs from the plan altogether, which would have caused members to either have to use OTC products or pay the full costs for the prescription drugs. While it would save more money for the plan not to cover these medications at all, there are some patients who cannot use the OTC products. The JHCC recommended removing them from plan coverage, while the SHCC voted to move these prescriptions to Tier III.

Rationale for CHRO's Recommendation: Moving these drugs to Tier III and requiring preauthorization requires members to use generic products unless the patient receives approval for the brand name drug based on a doctor's certification. Even if that occurs, a higher price will be paid by the user as the drugs will be in Tier III.

Estimated savings to the health plan budget-- \$23,700 just to move Nexium from Tier II to Tier III. We have not requested the savings for other drugs from Caremark.

2. Eliminate generic retail and mail-order co-pays for certain generic maintenance drugs, i.e. those used for treatment of patients with chronic problems due to cholesterol, cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD) and asthma.

Explanation: Patients with these chronic diseases cost the health plan a substantial amount of money on the medical side. The eligibility for free generic drugs is contingent on the patient's participation in the disease management program.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

Rationale for CHRO's Recommendation: Providing maintenance drugs at no cost to the member to incent continued and consistent use is good for the patients and saves medical costs from complications and exacerbated conditions.

Estimated increase to the health plan budget-- \$2,600.

3. Increase differential between preferred brand name and non-preferred brand name drugs by increasing the copay from \$40 to \$50.

Explanation: Under this recommendation, retail copay costs for prescriptions would then be \$5 for Tier I (generic), \$25 for Tier II (preferred brand) and \$50 for Tier III (non-preferred brand), with mail-order being two times the retail copay. The goal is to shift use to lower cost generics or preferred brand name drugs, which are less expensive for the plan.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

Rationale for CHRO's Recommendation: This change saves the plan money while not presenting a significant disadvantage to pharmacy users, most of whom can successfully substitute generic or preferred brand prescriptions for non-preferred brand prescriptions.

Estimated savings to the health plan budget -- \$140,000

4. Incent mail order filling of prescriptions for maintenance medications

Explanation: Plan would be modified to increase copays for retail prescriptions to double the rate of the regular retail co-pay if the plan member does not use mail order starting on the third refill. The exclusion to this plan provision would be for medications that could freeze during shipment.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

Rationale for CI-IRO's Decisions: Mail order is much less expensive for the University, but many members do not use it because they believe it is more convenient to go to local pharmacies. Higher financial costs will change members' behavior.

Estimated savings to the health plan budget -- \$150,400

In summary, recommend that these changes be put into place as a package of health care and pharmacy plan changes for FY12. Communications to employees will begin immediately. The primary plan change, of creating new Low, Medium and High Plans, will be available for employees' selection during open enrollment, which begins in mid-April. Other components of the plan changes, which do not affect employees' plan selections, would be rolled out sooner. For example, the Dependent Audit will be initiated immediately, and smoking cessation offerings would begin as soon as they can be arranged.

The health care committees also considered many other suggestions designed to achieve cost savings to UA's health care plan. The remainder of this memo provides information concerning those issues, the feedback received from the committees and the current status of Statewide Human Resources' recommendations on each.

Medical Plan Changes Under Consideration for FY13 or After

- I. Institute a Spousal Surcharge. This would deduct a certain dollar amount, e.g. \$50 monthly, from the pay of any benefits-eligible employee who has enrolled his/her spouse in UA's health care plan. The surcharge would only apply if the spouse is eligible and has access health care benefits through their own employer.

Explanation: The university wants to be an employer of choice without being an insurer of choice. UA should not have a plan that is so reasonably priced for dependent coverage that spouses decline the coverage offered by their own employer and choose to be covered by the UA plan. The university's charging structure to date has not provided a disincentive for members to enroll their spouses under UA's plan rather than their own.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both JHCC and the SHCC were opposed to this change at this time. SHCC wanted to UA to see if

the plan changes in FY12 will reduce the number of spouses enrolled on the plan and if not, a spousal surcharge could be added in FY13.

CHRO's Recommendation and Rationale: A spousal surcharge was not recommended for FY12 as the significant increases in family deductibles will tend to operate as a deterrent to enrolling spouses if they have equivalent coverage elsewhere. However, this type of surcharge will remain under evaluation as we review how many spouses are enrolled on UA's plan. Data on other coverage will be gathered by the vendors conducting the dependent audit, which will help us further evaluate this type of surcharge.

2. Create new tiers for dependent charges, so that covered members will pay more for larger families than is currently the case.

Explanation: Currently, the University has 4 dependent charging tiers: Employee only, Employee plus spouse, Employee plus child(ren) and Employee plus family. While the current structure does address the increased costs of adding dependents, if we added more tiers, it would allow better control of the increased cost to the plan when large families are covered.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC recommended more research on the methodology for setting employee rates and further analysis of types of claims dependents are having. If the research supports a change, it could be implemented in FY13.

CHRO's Recommendation and Rationale: Continue to evaluate this as Lockton gathers more information and analysis regarding the costs to the plan caused by dependent usage.

3. Charge part-time employees an increased employee charge for health care coverage.

Explanation: Currently, part-time employees are eligible for health care if they are in a benefits-eligible position and work over 20 hours per week. Many employers do not offer health care coverage to employees at this low a level of hours worked, or the employers may charge the part-time employee a higher cost for coverage than full-time employees pay. Some employees work part time due to their own preference, or in order to obtain health care benefits. If there is no business need to hire part-time employees, the university incurs greater costs when it hires 2 part-time employees with two benefits packages rather than 1 full-time employee with one benefit package.

Input by the Joint Health Care Committee and Staff Health Care Committee:

Both the JHCC and SHCC recommended more research into the claims costs for part-time employees. If the research supports a change, it could be implemented in FY13.

CHRO's Recommendation and Rationale: CHRO recommends reviewing this issue further. Currently, the university employs about 300 part-time, benefits eligible employees, but it is not known how many of these employees are part time due to the university's needs and how many have requested to be part time. The university contributes the same amount for health care for part time, so the benefits costs are higher relative to the salary costs than is the case for a full-time employee. However, it is not known whether part-time employees cost more in terms of health care plan utilization. Rather than a part-time surcharge for benefits, the university may want to limit health care coverage to those employees working 30 or more hours per week. Effective January 1, 2014, Federal law will require employers to provide health care coverage to employees on a full-time basis if they work a minimum of 30 hours per week. Increasing the hours needed for health care eligibility would require a modification to University Regulation 04.06.149, "Benefits for Extended Full Time and Part-Time Temporary Employees," as well as changes to health care plan documents.

4. Exclude high risk activities from coverage under UA's health care plan.

Explanation: Activities such as sky diving, bungee jumping, operating a motorcycle or plane, scuba diving, hang gliding, rock climbing, parachuting and parasailing could be excluded from coverage.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC questioned how this could be administered and what activities should be included as "high risk."

CHRO's Recommendation and Rationale: Review this issue later, after additional information is gathered. Eliminating high risk activities would mean that employees would bear the entire costs of medical care if accidents occurred while engaging in such activities. Such exclusion would be highly controversial and unwelcome to employees who are active and adventurous.

5. Tie employee charges to completion of wellness/fitness activities and outcomes.

Explanation: This approach would base employee deductions on documented statistics and measures of involvement in activities that promote health and wellness and therefore are predicted to reduce the individual's risk to UA's health care plan. Through lower employee charges, an incentive would exist to encourage employees to obtain an annual physical, complete an annual health risk assessment, obtain and monitor biometrics and BMI, as well as to participate in defined activities to improve fitness, good nutrition, a healthy weight and positive lifestyle choices.

Input by the Joint Health Care Committee and Staff Health Care Committee: JHCC and SHCC need to be involved in the development of wellness activities that would lead to the lower employee charge.

CHRO's Recommendation and Rationale: There is widespread support for tying employee charges to documented wellness activities, so that employees who are trying to avert their own health complications and chronic conditions are charged less than those who are not making such an investment of their time and effort. Using measured activities and outcomes as a basis for employee charges is more effective than rewarding activities without subsequently reviewing whether or not they have resulted in a reduction of risk factors. Lockton has the ability to analyze the utilization of UA's plan, which will help us in structuring an incentive structure likely to yield positive plan results. However, more time is needed to work with Lockton, UA health care committees and employee groups to consider the type of incentive structure to devise that will be well received by employees and make a difference to plan use. A differential charging structure based on a number of participation levels would require Banner system changes, as modifications in the employee charge structure must be programmed into the payroll system.

6. Implement a Surgical Travel health care plan feature.

Explanation: Research into the costs for particular medical procedures performed in Alaska compared with the costs for the same procedures performed in the Northwest shows that there is a substantially higher medical cost for some medical procedures obtained in Alaska. The university's medical plan could offer members who need certain kinds of surgeries additional financial support to help defray travel and related costs if they decide to have the surgery in designated treatment centers in the Northwest.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

CHRO's Recommendation and Rationale: This idea should receive further review as to the level of support that would serve patients' interests and needs, while still representing a significant cost saving to the university. This should be considered only for those members/covered dependents who prefer to travel to obtain surgeries. A pilot project with eligibility limited to certain surgical procedures would be a sensible way to test this option.

7. Establish an onsite medical clinic in Fairbanks or Anchorage.

Explanation: A medical clinic, staffed with UA-employed MDs or physician assistants and staff, could be located on or close to UAF or UAA to serve university employees and their dependents. This would present a major investment, due to the need for a facility and staff for such a clinic. However, universities and other organizations that have opened their own clinics are better able to control medical costs, while offering services conveniently close to the workplace.

Input by the Joint Health Care Committee and Staff Health Care Committee: Both the JHCC and the SHCC viewed this proposal favorably.

CHRO's Recommendation and Rationale: This is an idea for consideration in the future with the likely pilot project being UAA's physician assistant program.

8. Eliminate the current award of \$100 per year for each covered employee and spouse who completes a personal wellness profile (PWP or health risk assessment).

Explanation: The university has provided this amount every year for participating employees and spouses since 2004, when a provision was first negotiated into CBA articles regarding this payment. Completion of a personal wellness profile (PWP) provides the individual with feedback on their state of health as well as making recommendations for steps that can be taken to improve their health risk levels, addressing issues such as the level of physical fitness, mental health, diet, alcohol consumption and stress. However, the biometrics reported in the health risk assessments are all self reported and there is no linkage between the PWP contents with any referral to medical providers, disease management services or the employee assistance program.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC were both in favor of eliminating the \$100 award for the simple task of

completing the PWP, believing that such an incentive could more beneficially be used to reward activities that have a greater impact on employee behavior.

CHRO's Recommendation and Rationale: CHRO agrees with this assessment and is in favor of biometrics being measured and entered into a data base that can be forwarded for review by UA's disease management program to assure appropriate follow up and attempted intervention. However, the provision for the \$100 award to employees and spouses is currently referenced in collective bargaining agreements, and hence must be changed through negotiations or via a memorandum of understanding with the unions.

9. Require employee participants to complete 5 out of 6 sessions when they enroll in the university's Individual Health Plan (IHP) coaching program, or pay a penalty.

Explanation: Currently, about 20% of participants drop out of the IHP program after enrolling. They take up space that others could utilize, which results in an inefficient use of WIN for Alaska's staff and increased costs to UA.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and SHCC recommended that rather than a penalty for non-completion, we consider a reward or incentive for successful completion of all 6 IHP sessions.

CHRO's Recommendation and Rationale: CHRO agrees with the committees' recommendation and will continue to review this issue, recognizing that the value of the IHP offering itself is very valuable to each individual who is able to participate in the sessions.

10. Require employees to participate in obtaining and logging biometric information upon enrollment into IHP sessions, as well as at the end.

Explanation: Currently, IHP enrollees may choose to have biometric screening, but it is voluntary. Further, even if the biometric numbers are logged into the employee's own wellness page, the information is not entered into a database so that aggregate statistics can be reviewed or personal information forwarded to UA's disease management program for follow up. The recommendation would change this, making it mandatory to have biometric information gathered and shared in a confidential manner with UA's disease management providers.

Input by the Joint Health Care Committee and Staff Health Care Committee: The JHCC and the SHCC members recognized the value of requiring biometrics for appropriate individual follow up/intervention.

CHRO's Recommendation and Rationale: CHRO supports mandatory gathering, logging and reporting of IHP participants' biometric information to UA's disease management vendor.

A review by Lockton of the aggregate biometric information of IHP participants could also allow UA to more reliably determine whether the IHP program is providing the university an appropriate return on investment. IHPs are personalized coaching services that can directly help individuals to make health and lifestyle changes, but they are expensive to deliver because of the one on one sessions offered. Individuals who are realizing the benefit of the personalized coaching should be willing to participate in the review of its effectiveness.

Chancellor's Diversity Action Committee

Report to Staff Council Mtg #220

The Chancellor's Diversity Action Committee (CDAC) held its first meeting of the 2011/12 academic year on September 8. This is an exciting year for CDAC with lots going on. CDAC completed a campus climate survey last spring and asked Dr's Sine Anahita, Karen Taylor and Nicole Cundiff to do the data analysis over the summer. CDAC has a plan in place to review this information, share it and collect more input before launching a new action plan. Chancellor Rogers has committed to hosting diversity events and workshops over the coming year as well.

Ginny Kinne resigned as a Staff Council representative to CDAC after stepping down from co-chairing with me. I really enjoyed this past year on CDAC and working with Ginny to chair the committee. There is a vacant Staff Council position on CDAC so please consider serving on this important advisory committee to the chancellor.

Diane McEachern and Kayt Sunwood were elected this year's co-chairs. Kayt has a standing seat on the committee with her role as manager of the Women's Center.

If you have any questions please don't hesitate to ask Kayt or myself and we hope you'll consider serving.

Juella Sparks

Proposed UAF Policy: 02.05.011

Revised: **March 2011**

Responsible Chancellor's Cabinet Member: Vice Chancellor for Administrative Services

Responsible Department/Office: Marketing and Communications; All Vice-Chancellors



Emergency Closure and Employee Leave Options Policy

POLICY STATEMENT

The University of Alaska Fairbanks has multiple campuses around the state. At the Fairbanks locations, we are a residential campus that will conduct classes, maintain essential services and remain open for business to the extent possible during severe weather conditions or other unusual circumstances. Employees in the Fairbanks area should be prepared to attend work even in severe conditions to the extent they can safely do so.

BACKGROUND & JUSTIFICATION

This policy provides broad guidance for employee leave options or attendance, recognizing that each situation may present unique challenges depending on the severity of conditions, reliability of transportation modes, employee and student residential location, the academic calendar, and date of event.

The Fairbanks campus and locations must conduct classes and remain open for business though conditions may impact some students' and some employees' ability to safely commute. Certain employees are necessary to maintain essential services and are required to attend work to the degree that they can safely do so.

DEFINITIONS

Severe weather conditions, natural or man-made disasters or other unusual circumstances are events which may impact campus operations or employee ability to commute to work.

RESPONSIBILITIES

During emergency situations, Cabinet will convene to review the circumstances and conditions. In consultation with their staff, Vice-Chancellors are responsible to determine essential services and to ensure services, classes and business are continued to the extent possible; in coordination with the UA President, the Chancellor will determine whether to cancel classes or close campus.

For rural campuses under the College of Rural and Community Development, the Chancellor delegates the above responsibilities and decision-making to the campus directors who will report conditions and notify the Chancellor and Vice-Chancellor for Rural, Community and Native Education when conditions require invoking procedures under this policy.

In extreme circumstances, the Chancellor may close campus and authorize the use of administrative leave for employee absences from work. Campus closure and administrative leave will be authorized only in extreme circumstances that impact even those students and employees who live on or near campus.

Restricted funds do not allow for payment of administrative leave and individual units will pay administrative leave time from available unrestricted funds

UAF Marketing and Communications is responsible to disseminate updated information to the campus and community through all available channels.

NON-COMPLIANCE

Non-compliance may result in violation of the Fair Labor Standards Act.

EXCEPTIONS

None

PROCEDURES

Absent conditions requiring the authorization of administrative leave, the following options regarding employee leave may be implemented by supervisors, consistent with Cabinet determinations:

Department Status:

1. Vice-Chancellors must coordinate decision-making through Cabinet and keep the Chancellor advised of planned actions; Vice-Chancellors must coordinate with each other to be assured that essential services are adequately covered.
2. Vice-Chancellors and supervisors should determine essential services and communicate department status and operating hours to employees.
3. Vice-Chancellors may choose to reduce hours or remain fully open for business as circumstances dictate; employees who wish to work and avoid leave use should be accommodated to the extent possible. Supervisors should remain flexible during unusual circumstances and consider whether employee attendance is necessary to perform critical or essential functions.
4. Vice-Chancellors will update Marketing and Communication of department status.
5. Marketing and Communications will communicate information on University status during emergencies.

Leave Options

1. Employees may telecommute from home and work all or part of the day with supervisor approval.
2. If employees can safely commute and have access to their workspace, they can work a normal day.
3. Employees who are unable to safely commute to work, and are unable to telecommute, may use annual leave, leave without pay, or any combination of these leaves, for all or part of the day. Sick leave may be used for qualifying events described in University Regulation 04.06.130.
4. With supervisor approval and if the arrangement does not violate the Fair Labor Standards Act (FLSA), employees who do not have adequate leave may flex their work schedule to make up time missed due to conditions. Overtime and overtime pay must be

approved in advance by the supervisor. Approval is subject to budget considerations and department needs.

5. Other options as the Chancellor may authorize under circumstances presented.

POLICY APPROVED BY:

Signed:

Brian D. Rogers, Chancellor
University of Alaska Fairbanks

The following motion was passed at the September 21, 2011 Staff Council Meeting #220 (Motion 2011-220-1).

MOTION:

The UAF Staff Council moves to establish an ad hoc committee to organize the 2012 Staff Council calendar. The following have volunteered to serve on the committee:

Gary Bender
Brad Krick

EFFECTIVE: Immediately

RATIONALE: Work on the 2012 Staff Council calendar needs to begin immediately in order to meet printing deadlines and be distributed in a timely manner.



Pips Veazey, Staff Council President

10.11.11
Date

ORIGINAL

ORIGINAL