

SUMMARY OF VERMONT-NEA/AFSCME STATEWIDE HEALTH INSURANCE PROPOSAL

The insurance proposal developed by Vermont-NEA and AFSCME is designed with the express goal of achieving a settlement that maintains affordable and equitable health benefits for school employees and their dependents who are fortunate to have it at present, and who have sacrificed wage and other benefit gains for decades to achieve and maintain these benefits. Additionally, our proposal aims to expand full access to affordable and equitable health care for all school employees and their dependents who have been denied such access to date.

As representatives of all personnel working in Vermont schools, it is our intention to share the details of what we are proposing with those who will be impacted by the outcome of this negotiation. Recently our team delivered a comprehensive, 18-page proposal to management detailing our plan, including the positions laid out in the table below. Although this information is merely a summary, it does contain the most pertinent information needed to understand the key points in the proposals we are advocating.

Contract Duration	4 years, January 2021 to December 31, 2024
Eligibility	All employees working at least half-time will receive coverage without probationary periods. In most scenarios, coverage will extend to the start of the next school year whether the employee maintains positions or changes districts.
Tiers of Coverage	Employees may select any tier of coverage that is needed to insure themselves and their families – including domestic partners and children in their household. Coverage tiers (Single, 2 person, parent/child, family) will be phased in over two years for employees whose coverage options are currently limited.
Premium Cost-Sharing	For the duration of the contract, premiums will remain status quo. If insurance coverage is currently limited or not offered, premiums will resemble other similar employees in the district.
Out-of-Pocket Expenses	A Health Reimbursement Arrangement will be implemented with employers paying first dollar. The following applies after the employer portion and may be paid with FSA funds: Employees earning less than \$45,000 annually = 5% of GOLD CDHP Max OOP (currently \$125/\$250) Employees earning between \$45,001 and \$75,000 = 10% of Gold CDHP Max OOP (currently \$250/\$500) Employees earning higher than \$75,001 = 15% of Gold CDHP Max OOP (currently \$375/\$750) Employers cover 100% of all Rx costs.
Cash-in-Lieu Benefit	Status Quo from locally bargained agreements.
Third Party Administrator	Autopayment to providers will be the default payment option. Debit cards will be used for Rx expenses incurred at the pharmacy.

Ultimately, we recognize that a universal, single-payer health care system in the fashion of Medicare is necessary to sustain the best health outcomes in the most efficient way possible. Until the time when such a system is adopted, we seek to implement a more reasonable, income-sensitive cost-sharing structure to address some of the systemic inequities that create financial barriers to medical care. With this in mind, we have developed a plan to research and identify a workable, income-sensitized model of cost-sharing for health benefits that is fair and practicable for school districts and school employees.