

**Healthcare Task Force
Proposal on behalf of FMA, MAHE and PTCTU
November 2, 2016**

1. This agreement is effective beginning January 1, 2017.
2. Full Time Employees may enroll in the following coverage:
 - a. MESSA Choices \$500/\$1000; Change OV/UC/ER co-pay to \$20/\$25/\$50
 - b. MESSA ABC Plan 1 (current plan)
 - c. MESSA Choices \$\$1000/\$2000; 20% Co-insurance; OV/UC/ER co-pay to \$20/\$25/\$50; Saver Rx
3. Eligible Part Time Employees may enroll in the following coverage:
 - a. MESSA ABC Plan 1 (current plan)
4. Beginning January 1, 2017, for Full Time Employees, the College contribution toward annualized premium rates will be limited by the PA270 hard cap limits in effect each January 1.
5. For Part Time Employees who were covered under the previous healthcare agreement as of December 30, 2016 as a 'Grandfathered PT Employee', the College will pay the following toward monthly insurance premiums beginning January 1, 2017:
 - a. For Single Person Coverage: \$335.36
 - b. For Two-Person Coverage: \$753.24
 - c. For Family Coverage: \$938.52
6. For Part Time Employees who are covered under the previous healthcare agreement as of December 30, 2017 as a 'Grandfathered PT Employee', the College will increase the amount paid toward monthly insurance premiums by the same percentage amount as applied to the annualized PA270 hard cap limit beginning each January 1, 2018.
7. The College will continue to comply with all State and Federal Laws as applicable to Health Insurance Coverage, including the Patient Protection and Affordable Care Act.
8. This agreement will be in effect until December 31, 2018.
9. Any party may re-open this agreement to consider Carrier and/or plan design alternatives by serving written notice upon the designated representatives of all other parties and the Executive Director of Human Resources within 30 days of receipt of new annual rates from MESSA.

Medical Insurance: Three Medical Insurance plans continue to be available to FT employees in **MAHE and FMA**- MESSA Choices II 500/1000, MESSA Choices II 1000/2000, and MESSA ABC1:

MESSA Choices II 500/1000 (Preferred Provider Organization/PPO)

Coverage includes:

- \$500 employee only/\$1,000 family coverage Calendar Year Deductible;
- Preventive services covered at 100% without deductible or co-pay;
- \$20 office visit co-pay;
- \$25 urgent care co-pay;
- \$50 Emergency Room co-pay;
- MESSA Saver Rx Prescription Coverage with \$2/10/20/40 co-pay;
- \$5,000 Supplemental Life Insurance Benefit;
- Optional LCC Flexible Spending Account Contributions Available;
- Rates for MESSA Choices II for FT Employees:

COVERAGE	Full Monthly Premium	Monthly College Contribution Toward Premium	Employee Per Pay Period Deduction
SINGLE	\$ 792.75	\$ 528.73	\$ 132.01
2 PERSON	\$ 1,781.75	\$ 1,138.89	\$ 321.43
FAMILY	\$ 2,216.90	\$ 1,417.03	\$ 399.94

MESSA Choices II 1000/2000 (Preferred Provider Organization/PPO)

Coverage includes:

- \$1,000 employee only/\$2,000 family coverage Calendar Year Deductible;
- Preventive services covered at 100% without deductible or co-pay;
- \$20 office visit co-pay;
- \$25 urgent care co-pay;
- \$50 Emergency Room co-pay;
- MESSA Saver Rx Prescription Coverage with \$2/10/20/40 co-pay;
- \$5,000 Supplemental Life Insurance Benefit;
- Optional LCC Flexible Spending Account Contributions Available;
- Coverage after deductible paid at 80%
- Rates for MESSA Choices II for FT Employees:

COVERAGE	Full Monthly Premium	Monthly College Contribution Toward Premium	Employee Per Pay Period Deduction
SINGLE	\$ 674.96	\$ 528.73	\$ 73.12
2 PERSON	\$ 1,516.74	\$ 1,138.91	\$ 188.92
FAMILY	\$ 1,887.09	\$ 1,417.01	\$ 235.04

MESSA ABC1 (High Deductible Health Plan)

Coverage includes:

- \$1,300 employee only – OR – \$2,600 family coverage Calendar Year Deductible;
- Preventive services covered at 100% without deductible or co-pay;
- MESSA Saver Rx Prescription Coverage with \$2/10/20/40 co-pay after annual deductible;
- Other in-network services covered at 100% after annual deductible;
- Availability of Health Savings Account to contribute dollars out of pay on a pre-tax basis to be used towards healthcare expenses;
- \$5,000 Supplemental Life Insurance Benefit;
- Rates for MESSA ABC1 for FT Employees:

COVERAGE	Full Monthly Premium	Monthly College Contribution Toward Premium	Employee Per Pay Period Deduction
SINGLE	\$ 713.73	\$ 528.73	\$ 92.50
2 PERSON	\$ 1,603.97	\$ 1,138.91	\$ 232.53
FAMILY	\$ 1,995.65	\$ 1,417.01	\$ 289.32

The Medical Insurance plan available to Eligible Grandfathered (continuously covered under previous healthcare agreements) PT employees in **MAHE and PTCTU**- MESSA ABC1:

MESSA ABC1 (High Deductible Health Plan)

Coverage includes:

- \$1,300 employee only – OR – \$2,600 family coverage Calendar Year Deductible;
- Preventive services covered at 100% without deductible or co-pay;
- MESSA Saver Rx Prescription Coverage with \$2/10/20/40 co-pay after annual deductible;
- Other in-network services covered at 100% after annual deductible;
- Availability of Health Savings Account to contribute dollars out of pay on a pre-tax basis to be used towards healthcare expenses;
- \$5,000 Supplemental Life Insurance Benefit;
- Rates for MESSA ABC1 for PT Employees:

COVERAGE	Full Monthly Premium	Monthly College Contribution Toward Premium	Employee Per Pay Period Deduction
SINGLE	\$ 713.73	\$ 335.36	\$ 189.18
2 PERSON	\$ 1,603.97	\$ 753.24	\$ 425.37
FAMILY	\$ 1,995.65	\$ 938.52	\$ 528.56