

THE UNIVERSITY OF AKRON AND THE AMERICAN ASSOCIATION OF
UNIVERSITY PROFESSORS, THE UNIVERSITY OF AKRON CHAPTER

2010 CONTRACT NEGOTIATIONS

October 20, 2010

ARTICLE 17
BENEFITS

T.A. Smith 10-20-10

T.A. Smith 10/20/10

Section 1. Insurance Benefits

A. Coverage

From January 1, 2010 through December 31, 2010, the University will provide bargaining unit faculty with substantially equivalent substantive insurance benefits consisting of the group medical, pharmacy, dental, vision, life, and long- and short-term disability plans, premiums, contributions, co-pays and deductibles as have been provided to bargaining unit members pursuant to the 2005-2009 collective bargaining agreement, subject to the same terms and conditions, and subject to the provisions of this Article. In addition to eligible spouses and dependent coverage, coverage shall also be extended to eligible same sex domestic partners (who must meet the qualifications as set forth in the Affirmation of Domestic Partnership, a copy of which is appended to this Agreement, and must complete such Affirmation), as well as to the eligible dependents of eligible same sex domestic partners. A description of these insurance benefits is set forth in the summary plan description attached to this Agreement (**Attachment #1**). The actual plan document is written in much more technical and precise language. If the non-technical language of the attached summary plan description and the technical language of the plan document conflict, the language of the plan document shall govern. To the extent either party seeks changes which are substantially equivalent substantively or seeks to change vendors, the parties shall negotiate these changes prior to implementation.

- B. From January 1, 2011 through December 31, 2013, the University will provide bargaining unit faculty with insurance benefits consisting of the group medical, pharmacy, dental, vision, life, and long- and short-term disability plans, co-pays and deductibles as are set out in Attachment No. 2. In addition to eligible spouses and dependent coverage, coverage shall also be extended to eligible same sex domestic partners (who must meet the qualifications as set forth in the Affirmation of Domestic Partnership, a copy of which is appended to this Agreement and must complete such Affirmation), as well as to the eligible dependents of eligible same sex domestic partners. With respect to the Summary Plan Description set out

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in Attachment No. 2, the actual Plan document is written in much more technical and precise language. If the non-technical language of the Summary Plan Description in Attachment No. 2 and the technical language of the Plan document conflict, the language of the Plan document shall govern.

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- C. From January 1, 2011 through December 31, 2011, bargaining unit faculty will offset the cost of insurance benefits set out in paragraph B and through payroll deduction in the following amounts:

Annual Employee Contribution for Medical Insurance

PPO 90% Gold Plan								
	\$0.00 - \$28,000	\$28,000.01 - \$33,000	\$33,000.01 - \$43,000	\$43,000.01 - \$59,000	\$59,000.01 - \$80,000	\$80,000.01 - \$106,000	\$106,000+	Annual Premium
Employee Only	\$700	\$758	\$816	\$875	\$933	\$991	\$1050	\$5832
Employee + Spouse/ Domestic Partner	\$1400	\$1516	\$1633	\$1750	\$1866	\$1983	\$2100	\$11664
Employee + Children	\$1331	\$1441	\$1552	\$1663	\$1774	\$1885	\$1996	\$11088
Employee + Spouse/ Domestic Partner + Children	\$2030	\$2200	\$2369	\$2538	\$2707	\$2876	\$3046	\$16920

PPO 80% Blue Plan		
	All Salaries	Annual Premium
Employee Only	\$262	\$5232
Employee + Spouse/ Domestic Partner	\$523	\$10464
Employee + Children	\$497	\$9948
Employee + Spouse/ Domestic Partner + Children	\$759	\$15180

Each calendar year thereafter the salary tiers set out above will change referencing salaries as of September 1 of that calendar year but the percent of employees in each

tier will remain the same. The actual employee contribution amounts will change each calendar year based on the COBRA rates established.

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D. Retiree Spouse and Dependent Healthcare Coverage

Through December 31, 2013, for all bargaining unit faculty members who were hired prior to January 1, 1992 and who retire from the University and begin to collect their state public pension and who have at least ten (10) consecutive full-time service years at the University immediately prior to retirement, their spouses and dependents eligible for insurance when the retiree's health insurance coverage was terminated by the University shall receive medical and prescription drug benefits (High Plan only) which are substantially equivalent substantively to such benefits received by the spouses and dependents of active bargaining unit faculty. The contribution to monthly premium will be fifteen percent (15%). However, bargaining unit faculty who were hired after September 13, 1977 will receive no life insurance benefits.

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E. Initiation of Benefits Coverage

Newly hired bargaining unit faculty members and their eligible spouse, domestic partner and/or eligible dependents, as applicable, shall be entitled to the benefits provided in this section beginning the first day of the month following their date of hire.

F. Wellness Program: The University shall implement a wellness program designed to improve health, reduce health risks, improve the management of chronic disease and encourage the efficient use of health care resources. For the 2011 plan year, the wellness program will include the following initiatives.

- Bargaining unit faculty and covered spouse/domestic partner who are covered under the University's Medical and Prescription Drug Plan who complete a Health Risk Assessment prior to March 31, 2011 will receive \$120, less statutory deductions, in the last pay period in May of 2011. Payments will be made to the bargaining unit faculty member.
- The University will provide all bargaining unit faculty and covered spouse/domestic partner up to \$500 of smoking cessation drugs, counseling, etc. at no cost, during the term of this Agreement.
- The University will provide all covered individuals 100% coverage for all preventive and wellness services under the federal healthcare reform guidelines.

G. Employee Assistance Program

The University will provide an employee assistance program to all bargaining unit faculty through Behavior Management Associates, Inc. (dba Impact Solutions) and the Inter-University Council Purchasing Group (IUC-PG).

H. Spousal Eligibility

Spouses with access to subsidized health coverage through their own place of employment, where the employer contributes at least 50% or more of the cost, are restricted to secondary University coverage allowance at full employee cost for the same.

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I. Section 125 Plan

The University shall maintain its current Section 125 Plan for the duration of this Agreement, except that the maximum contribution to an employee's Flexible Spending Account shall be increased from \$3,500 to \$5,000, effective January 1, 2011; provided, however, that the maximum amount shall continue to be consistent with federal law.

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2011 Medical & Prescription Drug Plan Summary and Comparisonⁱ The University of Akron

Covered Service ⁱⁱ	PPO Gold 90		PPO Blue 80	
	In Network	Out of Network	In Network	Out of Network
Office Visit ⁱⁱⁱ	\$20	70% of UCR after deductible	\$25	60% of UCR after deductible
Specialist Physicians	\$25	70% of UCR after deductible	\$35	60% of UCR after deductible
Urgent Care	\$35	70% of UCR after deductible	\$50	60% of UCR after deductible
Emergency Room	<i>If admitted to the hospital from the emergency room, co-pay waived.</i>			
	\$75	70% of UCR after deductible	\$100	60% of UCR after deductible
Deductible (Single/Family)	\$200/\$400	\$400/\$800	\$400/\$800	\$800/\$1,600
Annual Out-of-Pocket Max (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
Lifetime Benefit Maximum	Unlimited			
Anesthesia	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Allergy Testing	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Ambulance Services	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Behavioral Health Services -Inpatient	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Behavioral Health Services -Outpatient	\$20	70% of UCR after deductible	\$25	60% of UCR after deductible
Behavioral Health Services -Partial Hospitalization	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Diagnostic Testing	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Durable Medical Equipment	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Home Health Care Services	<i>Home Health care Services are limited to 120 days per year</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Hospice Care ^{iv}	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Immunization ^v	100%	70% of UCR after deductible	100%	70% of UCR after deductible
In-Hospital Physician visits	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Inpatient Hospitalization	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Medications - Outpatient ^{vi}	<i>Some medications are covered under the prescription drug plan, not medical insurance plan. Contact EnVisionRx Options and ZZZ for more information.</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Outpatient Procedures	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Pre-Admission Testing	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Prescription Drug	<i>Prescription Drugs coverage is provided under all medical plans and administered by EnVisionRx Options. See chart below or visit www.uakron.edu/hr/benefits</i>			
Private Duty Nursing	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Radiation Therapy/Chemotherapy	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Routine Gynecological Exam ^{vii}	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Routine Mammography ^{viii}	100%	70% of UCR after deductible	100%	60% of UCR after deductible

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Routine Physical Exam ⁱ	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Routine Testing ^g	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Skilled Nursing Facility	<i>Skilled Nursing care facilities services are covered for up to 120 days per plan year.</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Surgical	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Therapy Services	<i>60 visits maximum visits combined per plan year for: cardiac rehabilitation therapy, occupational therapy, chiropractic therapy, physical therapy, and speech therapy services</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Well Baby/Child Care ^d	100%	70% of UCR after deductible	100%	60% of UCR after deductible

Prescription ^h Drugs	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic Prescription Drugs (Tier 1)	\$10	\$25	\$12	\$30
Preferred Brand Prescription Drugs (Tier 2)	20% (\$50 Max)	20% (\$125 Max)	25% (\$60 Max)	25% (\$150 Max)
Non-Preferred Brand Prescription Drugs (Tier 3)	25% (\$70 Max)	25% (\$175 Max)	35% (\$100 Max)	35% (\$250 Max)
Specialty Prescription Drugs (Tier 4) ⁱⁱ	25% (\$125 Max)	-	35% (\$150 Max)	-

- UCR: Usual, customary, and reasonable
- Co-pay: Short for Co-payment.
- Deductible: The amount you have to pay out-of-pocket for expenses before the Insurance company will cover the remaining costs
- Co-insurance: The percentage Insurance will pay once you have paid your deductible.
- Out of pocket maximum: The limit you will pay out of pocket.

ⁱ This chart has been prepared by The University of Akron to provide a very broad overview of the medical plan options currently available. Please refer to the specific plan materials provided in your benefits enrollment packet for more detailed information. Should any information differ between this sheet and the official plan documents, the plan documents shall prevail.

ⁱⁱ Eligibility Provisions: Initial Eligibility 1st of month following date of hire. Spouses with access to subsidized health coverage through own employment, where employer contributes at least 50% or more of cost, are restricted to secondary University coverage allowance.

ⁱⁱⁱ This co-pay applies to family practitioners, general practitioners, obstetricians, and gynecologists, pediatricians, and "minute clinic" facilities.

^{iv} Life expectancies 6 months or less

^v See Immunization eligibility list for immunizations covered at 100%. Guided by Advisory Committee on Immunization Practices of CDC

^{vi} Injectables/oral/intravenous (including chemotherapy) medications dispensed on an outpatient (e.g.: provider's office) basis.

^{vii} Preventative care includes: one OG/GYN exam per plan year.

^{viii} One baseline age 35-39; One per year ages 40 and older

^{ix} Routine Physical exam 1 per plan year

^x Per U.S. Preventative Services Task Force Recommendations Schedule Evidenced Based "A" & "B" Services, Evidence-Informed preventative screening for infants, children & adolescents provided in guidelines supported by Health Resources and Services Administration

^{xi} Per Recommendations for Preventive Pediatric Health Care schedule Bright Futures/American Academy of Pediatrics

^{xii} All prescription drug coverage includes: hard mandatory generic, step-therapy for select medications and quantity limits for select medications

^{xiii} Drugs in this tier are typically only available through specialty retail prescription drug outlets.

Highlighted Items indicate change from current plan design

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2011 Dental Plan Summaryⁱ
The University of Akron

Dental Services	
Deductible (non-preventative) <ul style="list-style-type: none">• Individual• Family	\$50 \$100
Annual Benefit Maximum	\$1250
Preventative	100%
Basic Services	70%
Major Services	50%
Orthodontic Services	
Orthodontia (children up to age 19)	50%
Orthodontia Lifetime Benefit Maximum	\$1,000

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Eligibility Provisions: Initial Eligibility 1st of month following date of hire. Spouses with access to subsidized health coverage through own employment, where employer contributes at least 50% or more of cost, are restricted to secondary University coverage allowance.
-No cash incentive for opt out

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Highlighted Items indicate change from current plan design

2011 Vision Plan Summaryⁱ
The University of Akron

Vision Services		
In Network		
Well Vision Exam	\$10 copay	Every plan year
Prescription Glasses	\$15 copay	
<ul style="list-style-type: none"> • Lenses • Frame 	<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal lenses, polycarbonate lenses and scratch coating • \$130 allowance your choice of frame; 20% off the amount over your allowance 	<ul style="list-style-type: none"> • Every plan year • Every other plan year
Contact Lens	No copay \$130 allowance for contacts and the contact lens exam (fitting and evaluation). ⁱⁱ	Every plan year
Out of Network		
<p>You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.</p>		
<p><u>Reimbursement Amounts</u></p> <p>Exam..... Up to \$35</p> <p>Single vision lenses Up to \$25</p> <p>Lined bifocal lenses Up to \$40</p> <p>Lined trifocal lenses Up to \$55</p> <p>Frame Up to \$45</p> <p>Contacts Up to \$105</p>		

ⁱ This chart has been prepared by The University of Akron to provide a very broad overview of the medical plan options currently available. Please refer to the specific plan materials provided in your benefits enrollment packet for more detailed information. Should any information differ between this sheet and the official plan documents, the plan documents shall prevail.

Eligibility Provisions: Initial Eligibility 1st of month following date of hire.

ⁱⁱ This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for a frame one plan year from the date the contact lenses were obtained.

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2011 Life Plan Summaryⁱ
The University of Akron

Life Insurance	
'Basic' Active/Life/AD&D Insurance Benefit (post 1977 hires)	Two times salary at no cost (or 1.5 for those who elected in 1977) but eliminate credit allocations ⁱⁱ
Minimum Basic Benefit	N/A
Maximum Basic Benefit	\$100,000
Optional Coverage (fully contributory)	Additional 1 to 3 times salary
Evidence of Insurability requirement	Over \$500,000 in coverage; subject to insurer requirements
Maximum Overall Benefit	\$1,000,000
Retiree Life Insurance (post 9/13/ 1977 hires)	No benefit (for retirements on and after January 1, 2011)

ⁱ This chart has been prepared by The University of Akron to provide a very broad overview of the medical plan options currently available. Please refer to the specific plan materials provided in your benefits enrollment packet for more detailed information. Should any information differ between this sheet and the official plan documents, the plan documents shall prevail.

Eligibility Provisions: Initial Eligibility 1st of month following date of hire.

-No cash incentive for opt out

ⁱⁱ Eliminate all life insurance options which are less than University provided amount

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2011 Disability Summaryⁱ The University of Akron

Long -Term Disability

Basic LTD Benefit	Six-month elimination; 60% to \$5,000 max benefit
Optional LTD Benefits (fully contributory)	Six-month elimination; 70% to \$6,000 max benefit
Own Occupation Limit	30 months (24 months of benefit payments)
Pre-existing Condition Limitation	3/12, subject to insurer requirements, but no greater than 12/12

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Short-Term Disability

Elimination Period	14 days injury; 28 days illness
Benefit Amount	60% of regular earnings to a maximum weekly benefit of \$1,400
Benefit Duration	24 weeks
Pre-existing Condition Limitation	12/12
Employee Contributions	Fully contributory

ⁱ This chart has been prepared by The University of Akron to provide a very broad overview of the medical plan options currently available. Please refer to the specific plan materials provided in your benefits enrollment packet for more detailed information. Should any information differ between this sheet and the official plan documents, the plan documents shall prevail.
Eligibility Provisions: Initial Eligibility 1st of month following date of hire.

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