

MINUTES

UAF STAFF COUNCIL #232

Wednesday, October 17, 2012

8:45-11:00AM

Wood Center-Carol Brown Ballroom

1. CALL TO ORDER AND ROLL CALL

President Juella Sparks called ttT2(r)e-14(6(m)7 >>6/C2_0 9mTT0 9.9)>>6/C3 -11.16 Td ()Tj EM2300 0 1 59.4 641.02

A concern about older infrastructure and deferred maintenance on rural campuses was expressed. A significant amount of deferred maintenance is currently underway. This is associated with H J R Y H U Q R, for years ago, to W P H Q V. We begin funding deferred maintenance at a core level of 37.5 million a year, of which UAF is receiving 22 million. These amounts were determined by a formula that took into account the age of buildings and other factors. This year, the largest pieces are planning and design for the combined heat and power plant and planning for the revitalization of West Ridge, which is essentially major deferred maintenance projects on Elvey, 1 H L O O , U Y L Q J , , , D Q G. The deferred maintenance project also included upgrades to sewer systems. Each year we have asked for, in addition to the 37.5 million, 50-100 million to assist in making progress on some of these items.

We

along with information on the related SHCC survey. The Joint Health Care Committee (JHCC) is holding a two-day meeting this week, in part to discuss the Health Care Task Force suggestions.

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While JHCC is the point for health care benefit input to the administration, keep in mind that staff members have a voice to the administration through SHCC.

December is the deadline for decisions on FY14 health care coverage. The next SHCC meeting is next Monday.

C. Employee Tuition Benefit Update

Staff Alliance has not received a copy of the new Employee Education Benefit. During the Staff Alliance meeting, President Gamble said that General Council is reviewing the changes to this benefit. Juella meets with President Gamble on Nov. 1, at which time she will formally request a copy of the updated benefit (4.B.)

D. Staff Resources Website Update

Please review the task force suggestions and be prepared to provide input if the need arises. Juella was a member of

15. ADJOURN

The meeting was adjourned by President Sparks at 10:35AM.

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UNIVERSITY of ALASKA

Staff Alliance

Staff Health Care Committee

Special Meeting October 8th Meeting Notes Monday, October 8th

Attendees:

Melodee Monson – Chair, Constance Dennis, Gary Newman, Cat Williams, Maria Russell (alt), Gwenna Richardson, Elizabeth Williams, Mae Delcastillo (alt), Linda Hall, Heather Arana (alt), Monique Musick (alt), Erika Van Flein (ex-officio).

Absent:

Maureen Hunt (alt), Ivan Leibbrandt

Topics:

- a. Health Care Task Force Report
The Committee discussed each item suggested by the task force

Integrated wellness program

This recommendation was discussed at length as to how to encourage people to use IHP sessions. The SHCC showed fairly strong support for this recommendation. SHCC members like the education aspect being reevaluated but would like to also keep IHPs.

Annual wellness check-up and screenings

This recommendation was discussed favorably, and was tied to educating the plan users on how coding works (including prescriptions) and moving the wellness check up to a more mandatory item. The SHCC showed extremely strong support for this recommendation.

Wellness training

This recommendation suggests more training, as plan users are often not aware of options (including preventive benefits) available on our plan. The training would not have additional costs. The trainings would be scheduled and advertised. Scheduling for this option would need to be worked on. This could be reminders or just information on how to use the plan. There are questions on who would be doing these trainings. The SHCC showed extremely strong support for this recommendation.

Bring WIN to department

This recommendation would increase information to departments to include information on how to use the plan including preventative and prescription drug plan. WIN may not be the vendor in the future, this would be accomplished by whoever is the successful bidder on the

University's wellness RFP. The SHCC showed extremely strong support for this recommendation.

Overall campus wellness plan

This recommendation may be a gateway to move to a tobacco free campus. This option would probably be campus centered and driven by the Chancellors at each campus. The SHCC showed extremely strong support for this recommendation.

Patient Centered Medical Home

This recommendation would need provider involvement. At this time we do not have enough information to make a decision on this recommendation. There are questions about the logistics of this option at this time. The SHCC did not support this option due questions regarding the logistics, cost and not having enough information on the recommendation.

Eliminate the 500 plan

There are questions on if eliminating this option would provide cost savings or not. The cost savings would come from administration rather than contributions. The cost savings would not be very great. The plan has a very low enrollment, and does not offer a great benefit to the employee. The SHCC showed strong support for this recommendation. A dissenting view believes if an employee wants to take the option for this plan at the higher cost to themselves they should have that option.

Opt-out options

There are issues with the Military Tri-Care plan and concern on how the plan would work with it. There is staff resistance to this option. The state of Alaska plan does not allow opt-outs. Opt-outs do affect the size of the pool and contribute to plan under recovery. The SHCC was split on this recommendation. Reasons for the split revolve around the state of Alaska not allowing opt-outs and issues with other coverage such as the Tri-Care. The Committee feels it needs more information and to discuss this further.

Salary determines cost Lockton and CC

The Committee was enlightened by the number of employees who make over \$100,000 per year. Part time employees pay the same premium, but receive a smaller wage. This recommendation is considered a real "out of the box" option. This option would make a big difference to the lower wage earners. The SHCC broke this recommendation into two pieces. The first piece deals with charging a higher rate to part time employees. The SHCC showed extremely strong **non**-support for this recommendation. The second piece deals with a sliding scale of employee contributions to the plan. The SHCC showed extremely strong support for this piece of the recommendation.

Medical travel

This recommendation could save the plan quite a bit of money, and offer employees a provider with more experience performing the service. This also opens up to preferred providers in areas where there are no preferred providers. This option may have an impact on local provider and encourage them to work more closely with Premera. Satori World

This recommendation can be phased in over a 2-3 year period. There are concerns regarding how this with work with HIPPA requirements. A third party could ensure compliance. The recommendation would not be based on outcomes until a 3rd year. A smoking cessation plan could be placed here. The recommendation could be based on a point system. This is a more positive way to encourage healthy behaviors. The SHCC showed extremely strong support for this recommendation.

Cost recovery sharing

Itemized bills must be requested. Sometimes it is difficult to get an itemized bill. Plan users would need to be educated on how to read bills. The SHCC showed extremely strong support for this recommendation, although we would like to have an easier availability of itemized bills.

Employee advocacy group

The SHCC has already passed a motion supporting the recommendation, and therefore shows extremely strong support.

Spouse-associated options

If spouses waive coverage to be on the UAA plan there would be a surcharge. If the plan is used as a secondary plan, or the spouse does not have other coverage there would be no surcharge. This recommendation was also divided into two pieces. The first piece deals with a spousal surcharge for the plan. The SHCC showed extremely strong **non**-support for this recommendation. It was felt spouses should be affected by the same incentives used in the preferred pricing recommendation. The second piece deals with spousal participation in the wellness plan. The SHCC showed extremely strong support for this recommendation.

Preferred care sites

There are questions regarding the logistics of this recommendation. Issues such as space, manning and cost need to be discussed. The SHCC felt this option could be viable in the right circumstances, but there is not enough information presented to take a stand. This may be something to look at in the future.

b. Other recommendations

