

**ARTICLE XX – HEALTH CARE BENEFITS AMOUNTS**

**XX. 1**

- A. For the 2019-2021 biennium, the Employer will contribute an amount equal to eighty-five percent (85%) of the total weighted average of the projected medical premium for each bargaining unit employee eligible for insurance each month, as determined by the Public Employees Benefits Board (PEBB). The projected medical premium is the weighted average across all plans, across all tiers.
- B. The point-of-service costs of the Classic Uniform Medical Plan (deductible, out-of-pocket maximums and co-insurance/co-payment) may not be changed for the purpose of shifting health care costs to plan participants, but may be changed from the 2014 plan under two (2) circumstances.
1. In ways to support value-based benefits designs; and
  2. To comply with or manage the impacts of federal mandates.
- Value-based benefits designs will:
1. Be designed to achieve higher quality, lower aggregate health care services cost (as opposed to plan costs);
  2. Use clinical evidence; and
  3. Be the decision of the PEBB Board.
- C. Article XX.1 (B) will expire June 30, 2021.

**XX.2**

- A. The Employer will pay the entire premium costs for each bargaining unit employee eligible for insurance for basic life, basic long-term disability and dental insurance coverage.
- B. If the PEB Board authorizes stand-alone vision insurance coverage, then the Employer will pay the entire premium costs for each bargaining unit employee eligible for insurance.

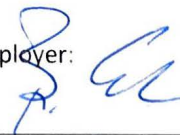
Tentatively Agreed To:

For the Union:



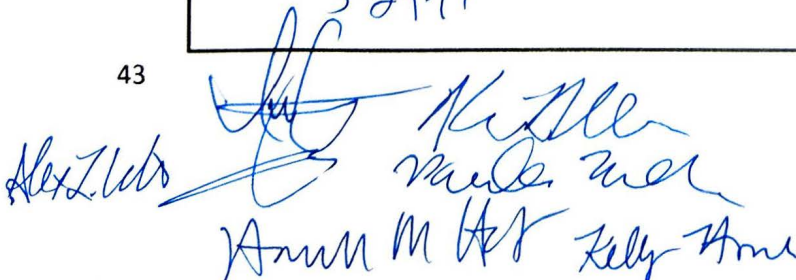
Date: 5-29-19

For the Employer:



Date:

5-29-19

  
Alex L. Lobo  
Killer  
Mick  
Ann M. H. Kelly  
Anne