



Oregon Nurses Association
Bargaining Unit Newsletter

Columbia Memorial Hospital (CMH) Newsletter Update



Nov. 15, 2016

ONA / CMH

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Becky White, OR
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Oregon Nurses Association Labor Relations Representative

Sam Gieryn, JD
503-293-0011 ext. 350
gieryn@OregonRN.org



Oregon Nurses Association
18765 SW Boones Ferry Road
Suite 200 Tualatin OR 97062

1-800-634-3552 within Oregon
www.OregonRN.org

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Unions Work Together to Improve Insurance Offerings

High Premiums Plague Columbia Memorial Hospital

We worked with Service Employees International Union (SEIU) Local 49 to achieve a reasonable settlement regarding health insurance changes. As explained in the last two newsletters, in September, Columbia Memorial Hospital (CMH) reported a 20 percent increase in medical insurance costs for 2016. For 2017, CMH proposed eliminating the basic medical plan and replacing it with a new PPO plan with higher deductibles, out-of-pocket maximums and copays. CMH also proposed eliminating the Tier II plan and replacing it with a new high deductible health plan (called the HSA Plan) with even higher deductibles, out-of-pocket maximums and copays. Under the HSA Plan, CMH would provide a \$250 Health Care Savings account contribution (\$500 for those covering dependents) which would cover the increased deductible for 2017, but nothing for the other increased costs, and with no guarantee of another contribution for 2018.

Both local unions requested bargaining pursuant to identical contract language. We met separately with CMH to begin negotiations. Then SEIU and ONA members met together on Nov. 3 where we agreed to combine efforts and bargain jointly with CMH. Members of both unions began wearing sad or angry “emoji” stickers, while the

representatives prepared data to compare CMH’s proposed plans to other hospitals, nationally and locally.

No Changes to the Base Plan

RNs Becki Glasson and Becky White represented ONA nurses, along with Sam Gieryn, our ONA labor relations representative. We bargained jointly even though CMH had initially refused to do so. We told CMH that each union would employ the other as a consultant in bargaining. This quickly morphed into joint bargaining.

SEIU was scheduled to bargain in the morning and ONA in the afternoon, but our ONA representative was present at the SEIU session and told CMH the unions would work together and ONA would sign on to whatever deal SEIU agreed to. It was clear that any settlement needed to be acceptable to both unions. Becki and Becky soon arrived at the SEIU session and it was all one table. We gained a lot of movement from CMH and both unions signed identical settlement agreements, which was a nice show of solidarity.

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Unions Work Together to Improve Insurance Offerings *Continued from Page 1*

Both unions were united in wanting to preserve the Base Plan benefit structure. The Base Plan is a good plan, but the premiums have always been expensive for employees and employer alike.

After three level years, costs soared 20 percent this year due to the number of large claims. CMH had to make the rate adjustment for 2017, but tried to lower the increase by changing the plan design. The proposed changes would have lowered the increase to 15 percent by transferring costs to employees through the higher out-of-pocket charges. We felt it was better to accept the higher rates for 2017, preserve the current plan design, and work closely with CMH to find ways to

bring costs down. In the past, CMH has adjusted premiums downward when cost experience improved. So things can go back the other way on the rates, but once you lower the plan benefits, it is rare to get them back. CMH initially refused to maintain the Base Plan, but eventually agreed after reviewing the comparisons provided by ONA. CMH agreed to preserve the current Base Plan, as is, for 2018. The rate increase will be 19.7 percent.

We were disappointed that CMH would not agree to a premium subsidy for low-income workers unless we accepted their changes to both plans. Some CMH employees work full-time but cannot afford the insurance for

Thank you for wearing those emojis! You showed CMH you were concerned about what they were doing to our health coverage and they listened.

themselves and their families. The high rates at CMH are a problem that CMH needs to figure out. It will be difficult to recruit experienced nurses to CMH when the health insurance is so much more affordable at nearby hospitals. Perhaps our new partner, OHSU, would be willing to help. They have a health plan that covers thousands of employees.

Settlement Details

1. **The Base Plan will remain available with no plan design changes for 2017.** Premium rates will increase by 19.7%.
2. **The Tier II plan will be replaced with an HSA plan.**
 - The deductible will increase \$250 individual and \$500 family
 - CMH will contribute annually \$500 individual and \$1,000 family to a Health Savings Account (HSA) which you can use to pay out of pocket costs. We negotiated an additional \$250 individual/\$500 family for the HSA compared to what was initially proposed! So the net deductible is now actually lower than the Tier II plan deductible.
 - The employee out-of-pocket (OOP) maximum will remain the same at \$5,000 individual/\$10,000 family. We convinced them to lower the proposed OOP down from a proposed \$6,000 individual/\$12,000 family. This was a big victory!
 - The coinsurance rate goes up from 20%in-nwk/40%out-nwk to 25%in-nwk/50%out-nwk. That makes it more likely to reach your out-of-pocket max.
- Drug copays change from \$15/30/30 with a \$1,000/\$2000 limit to paying 100% until you meet your deductible and then 25% until you meet your OOP max. A good feature of the HSA Plan is that all of the other copays apply toward the OOP max. Once you meet the maximum OOP, there are no copays for drugs or visits.
3. **We keep the three tier rate system (EE, EE+1, EE+Family).** CMH had proposed creating a fourth tier (EE+Child(ren)) with significantly lower rates but causing significantly higher rates for those covering a spouse. It created a big winners/losers situation and didn't help that many people.

For people who sign up for the Base Plan, our unions saved the favorable plan design and the current cost sharing arrangement. However, we can't prevent the cost (and resulting premiums) from going up. This is a big problem for CMH and its employees.

For people who switch from Tier II to the HSA Plan and fully use the plan, we saved employees an annual \$1,250 individual and \$2,500 family by organizing and bargaining with CMH! For nurses struggling with the high cost of the Base Plan, the HSA Plan is now a viable option.

Understanding How Premium Rates are Calculated

Employees' share of the premium rates will be available soon with open enrollment materials. How are they calculated? It's complicated, but here is our best explanation.

CMH calculates a total premium rate for each category of coverage (Individual, employee +1 and family) in each plan. Each rate is based on the total cost of providing coverage to members in that category divided by the number of employees in that category.



Base Plan

After calculating the total premium rate for individual coverage, CMH pays that amount up to \$1,080 per month. Anything over \$1,080 for medical and dental combined is shared 50/50 between CMH and the individual. This is the first year we've gone over the \$1,080 cap for the Base Plan, and thus the first year that individuals in the Base Plan will pay any premiums

for medical/dental benefits. The total for the Base Plan premium plus dental is \$1,166.61, exceeding the cap by \$86.61. Employees on individual coverage will pay half of that, or \$43.30.

If you cover dependents, you pay a percentage of the cost of the dependent coverage that exceeds the individual plan coverage. That percentage depends upon your total length of service in hours.

- < 20,800 hours, 30%
- > 20,800 hours, 25%
- > 31,200 hours, 20%
- > 41,600 hours, 15%

In addition, 50 percent of the amount the individual coverage exceeds the \$1,080 cap (the same \$43.30 mentioned above) is added to these rates.

HSA Plan

It's a little simpler for the HSA Plan. CMH pays the entire individual coverage premium and there's no cap. Those covering dependents pay the percentages listed above of the difference between the dependent coverage and individual coverage.

Dental

The dental plan is the same as the HSA Plan, where CMH pays the entire individual coverage premium. Those covering dependents pay the same percentages of the difference between the dependent coverage and individual coverage.

Know Your Union Rights

We've heard some complaints that certain managers are attempting to discourage nurses from discussing workplace issues or investigations. That's a violation of the law. Please let your labor representative or bargaining unit leadership know if this is happening to you.

in concerted activities for the purpose of collective bargaining or other mutual aid or protection.

The law gives employees the right to act together in efforts to improve their pay and working conditions, with or without a union. If employees are fired, suspended, or otherwise penalized for taking part in protected group activity, the

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National Labor Relations Board (NLRB) will fight to restore what was unlawfully taken away.

For example, in Washington State, a construction contractor fired five employees after several of them appeared in a YouTube video complaining of hazardous working conditions. They were building concrete foundations at a former Superfund site and worried that the soil they were handling was contaminated with arsenic and other toxins. Following an investigation, the NLRB issued a complaint. As a hearing opened, the case was settled, with the workers receiving full back pay and declining reinstatement.

“Concerted activity” occurs when two or more employees take action for their mutual aid or protection regarding terms and conditions of employment. A single employee may also engage in protected concerted activity if he or she is acting on the authority of other employees, bringing group complaints to the employer’s attention, trying to induce group action, or seeking to prepare for group action.

A few examples of protected concerted activities are:

- Two or more employees addressing their employer about improving their pay.
- Two or more employees discussing work-related issues beyond pay, such as safety concerns, with each other.
- An employee speaking to an employer on behalf of one or more co-workers about improving workplace conditions.
- A worker or coworker verifying statements the employer claims were made by other employees

More information, including descriptions of actual concerted activity cases, is available on the [NLRB protected concerted activity page](#).

Or contact your ONA labor relations representative, Sam Gieryn, at gjeryn@oregonrn.org.

SAVE THE DATE: 2017 ONA NURSE LOBBY DAY

February 14, 2017 ♦ Salem, OR

ONA invites you to join nurses and nursing students from around Oregon to lobby on important nursing and health policy issues and meet with your legislators.

Hundreds of nurses will rally at the Oregon State Capitol in Salem on Tuesday, February 14, 2017 to advocate for our patients and advance Oregon nurses’ practice.

It’s vital that we have nurses represented in the key decisions that are made about our priorities and key bills that will come up in the 2017 session.

Early registration for ONA members is now open.

Visit www.OregonRN.org for more information and registration.



ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904