

2260

*Fact Finding Case No: 107 J-9002
Kent County Courts & UAW Local 2600*

FACTFINDER'S RECOMMENDATION

1. **Wages**
Retroactive to January 1, 2008 - \$.45 to each pay grade and step
Effective January 1, 2009 - 2.0%
Effective January 1, 2010 - 2.25%
Effective January 1, 2011 - 2.50%
2. **Prescription Drug Coverage**
The three year health care plan (see attached) is recommended with the prescription plan to provide that the prescription co-pay amounts to be paid according to the item (generic, formulary and non-formulary) dispensed.
3. **Vacation Accrual**
The vacation accrual to continue as is.
4. **Vacation Buyback**
The following language is to be inserted into the new collective bargaining agreement.

If an employee is earning at the rate of 160 or more vacation hours at the beginning of the calendar year and the employee has taken at least 80 hours of vacation in the calendar year, the employee may request that he/she receive 40 hours of pay in the last pay period of the year in lieu of 40 hours of vacation time.
5. **Insurance for Laid Off Employees**
The following language is to be inserted into the new collective bargaining agreement.

If an employee is laid off on or before the 15th of the month, the employee will be provided with health insurance until the end of the month when the layoff occurred. If an employee is laid off on or after the 16th of the month, the employee will be provided with health insurance to the end of the following month.
6. **Part-Time Employee Insurance**
The current part-time insurance benefit shall continue as is.
7. **Military Leave**
The current policy is to be continued.

	2009		2010		2011	
	In Network	Out of * Network	In Network	Out of * Network	In Network	Out of* Network
<u>Preventative Care</u>	100%	80%	100%	80%	100%	80%
Office Visit	\$20	80%	\$20	80%	\$25	80%
Urgent Care	\$30	80%	\$30	80%	\$40	80%
ER Visits	\$100	80%	\$100	80%	\$125	80%
<u>Deductibles</u>						
Individual	\$200	\$400	\$200	\$400	\$250	\$500
Family	\$400	\$800	\$400	\$800	\$500	\$1,000
<u>Coinsurance</u>	0	20%	5%	25%	10%	30%
<u>Out of Pocket Max For Coinsurance</u>						
Individual	N/A	\$1,200	\$600	\$1,200	\$750	\$1,500
Family	N/A	\$2,400	\$1,200	\$2,400	\$1,500	\$3,000
(does not include deductibles)						
<u>GVHMO Office visit Traditional Plan</u>	\$10	\$10	\$10	\$10	\$20	\$20
	Eliminate	Eliminate	Eliminate	Eliminate	Eliminate	Eliminate
<u>Prescription Drugs</u>						
Co-pay/ as dispensed						
Generic	\$15	\$15	\$15	\$15	\$15	\$15
Formulary	\$20	\$20	\$20	\$20	\$25	\$25
Non -Formulary	\$40	\$40	\$40	\$40	\$45	\$45
Mail order co-pay for Maintenance drugs	1X copay 90 day	1Xcopay 90 day	1Xcopay 90 day	1X copay 90 day	2X copay 90 day	2Xcopay 90 day
<u>Premium Share</u>	10%	10%	15%**	15%**	15%**	15%**

**2.5% credit for Wellness Program (HRA, Annual Physical, Etc.
**2.5% credit for Wellness Program Non-Smoker or smoking cessation program