

February ____, 2018

Memorandum of Agreement

Between

The Town of Concord and Concord-Carlisle Regional School District

- Concord Teachers' Association
- Concord-Carlisle Teachers' Association
- Concord Police Association
- Concord Firefighters Association
- Concord Highway & Grounds, Teamsters Local #25
- Concord Public Safety Dispatchers, Teamsters Local #25
- CCHS Building Service Workers
- Concord/ Concord-Carlisle Support Staff Association MTA Secretaries Unit
- Local 1703 State Council 93 Maintenance
- Concord Library, Non-Supervisory Employees, AFSCME Council 93, Local 1703
- Concord Library Supervisors, AFSCME Council 93, Local 1703
- Concord-Carlisle Support Staff Association MTA Bus Drivers Unit
- CPS Building Service Workers
- Concord-Carlisle Tutors Association

Whereas, the Minuteman Nashoba Health Group (MNHG) has notified the Town of Concord (the "Town") and the Concord-Carlisle Regional School District ("CCRSD") that it is implementing plan design change beginning June 1, 2018, and;

Whereas, MNHG will discontinue offering the current plan design on May 31, 2018, and;

Whereas, the Town and the CCRSD (hereinafter collectively "the Employer"), and the above referenced bargaining units have met on a voluntary basis outside of the scope of Chapter 32B, Section 21 – 23, to discuss these changes, for the plan year beginning June 1, 2018.

Now, therefore, the Employer and the Unions jointly and collectively agree as follows:

1. The Employer will communicate with all benefit-eligible employees leading up to the plan year regarding the plan design changes.
2. With the implementation of the aforementioned plan design changes, as specifically illustrated in the attached document, labeled **MNHG Health Plan Benefit Comparison**, dated January 22, 2018, the Employer will institute the following Mitigation Plan, effective with the start of the Plan Year, June 1, 2018:

MITIGATION PLAN

Calculation of Funding- The amount available for the Mitigation Plan is equal to 25% of the gross estimated first year savings, based upon plan enrollment as of December 1, 2017, as shown in Attachment #2, Calculation of Estimated Savings, dated 12.01.2017.

	Gross First Year Savings (est.)	Maximum 25% under Sections 21-23
Town of Concord	\$ 148,788.00	\$ 37,197.00
Concord-Carlisle Regional School District	\$ 40,496.00	\$ 10,124.00

A. Plan

The Town (on behalf of the Town departments and Concord Public School employee participants) and CCRSD (on behalf of CCHS employee participants) will provide a one-time partial premium holiday in the amounts identified below on the first pay date in May 2018.

	25% Mitigation	Amount Distributed in One Partial Premium Holiday	Total Enrollment	Family	Individual
Town of Concord	\$ 37,197.00	\$ 40,195.00	421	213	208
+ 2.5 factor for family additional cost to equalize	\$ <u>2,998.00</u>			\$ 135.00	\$ 55.00
	\$ 40,195.00				

	25% Mitigation	Amount Distributed in One Partial Premium Holiday	Total Enrollment	Family	Individual
CCRSD	\$ 10,124.00	\$ 10,835.30	117	55	62
+ 2.5 factor for family additional cost to equalize	\$ <u>711.30</u>			\$ 135.00	\$ 55.00
	\$ 10,835.30				

- B. The Employer's liability under this Mitigation Plan shall be limited to \$40,195.00 for the Town and \$10,835.30 for the CCRSD for the Plan Year of June 1, 2018 – May 31, 2019.
- C. It is understood by all parties that rates will be set by the Minuteman Nashoba health Group based upon the Group's Claims Cost Experience, and that the premium set by MNHG will be split according to the Employer and Employee Percentage Contribution schedule in effect on June 1, 2018.
- D. The terms of this Memorandum of Agreement supersede any conflicting term or terms of any collective bargaining agreement of the Town or CCRSD during the effective dates of this Memorandum of Agreement.
- E. This Memorandum of Agreement shall be effective from June 1, 2018 through May 31, 2019 and shall terminate on May 31, 2019.

This Agreement has been executed by a duly authorized representative of the Town of Concord and of the Concord-Carlisle Regional School District, and by the Concord Teachers Association, the Concord-Carlisle Teachers' Association, the Concord Police Association, the Concord Firefighters Association, Concord Highway & Grounds/ Teamsters Local #25, the Concord Public Safety Dispatchers/ Teamsters Local #25, the Concord-Carlisle Building Services Association, the CCHS/ CPS Secretaries' Association, the CCHS Building Maintenance Association, Concord Library, Non-Supervisory Employees, Concord Library, Supervisors, the CCHS/ CPS Transportation Association, the Concord Public School Custodians' Association, and the Concord-Carlisle Tutors' Association.

MEMORANDUM OF AGREEMENT

February _____, 2018

For the Town of Concord:

Date: _____

For the Police Association:

Date: _____

For the Firefighters Association:

Date: _____

For the Concord Public Safety Dispatchers:

Date: _____

For Concord Highway & Grounds:

Date: _____

**For Concord Library, Non-Supervisory
Employees, AFSCME Council 93, Local
1703:**

Date: _____

**For Concord Library, Supervisors,
AFSCME Council 93, Local 1703:**

Date: _____

**For Concord-Carlisle Regional School District and
Concord Public Schools:**

Date: _____

For Concord Teachers' Association:

Date: _____

**For Concord-Carlisle Teachers'
Association:**

Date: _____

For CCHS Building Service Workers:

Date: _____

**For Concord/ Concord-Carlisle Support
Staff Association MTA Secretaries Unit:**

Date: _____

**For Local 1703, State Council 93
Maintenance:**

Date: _____

**For Concord-Carlisle Support Staff
Association MTA Bus Drivers Unit:**

Date: _____

For CPS Building Service Workers:

Date: _____

For Concord-Carlisle Tutors Association:

Date: _____

Minuteman Nashoba Health Group

Plan Design Changes for 6/1/18

HMOs ... and PPO for in-network & Rx*

Current		As of 6/1/18	
Plan Design Feature	Current co-pays	Plan Design Feature	Co-pays on 7/1/15
Deductible		Deductible	
Per member Family of 2	\$250	Per member Family of 2	\$300
Not-to-exceed per family	\$500	Not-to-exceed per family	\$600
	\$750		\$900
Outpatient surgery copay (deductible applies)	\$150	Outpatient surgery copay (deductible applies)	\$250
Specialist copays	\$35	Specialist copays	\$45
Rx copays (Mail copays are 2.0 x Retail except for Tier 3)	\$10/25/50 Retail**; \$20/50/110 Mail***	Rx copays (Mail copays are 2.5 x Retail)	\$10/30/65 Retail**; \$25/75/165 Mail***

* PPO Out-of-Network (OON) plan design does not change

** Retail is for a 30-day supply.

*** Mail order is for a 90-day supply.



TOWN OF CONCORD - 2017/18 CURRENT PLANS

	Enrollment	I/F	# of Months	Rate	EMPLOYER		EMPLOYEE		TOTAL Cost	Employer %	
					Share	Cost	Share	Cost			
HPHC EPO	91	I	12	797.00	502.11	548,304	294.89	322,020	870,324	63.00	
	96	F	12	2095.00	1152.25	1,327,392	942.75	1,086,048	2,413,440	55.00	
	TOTALS:							1,875,696	1,408,068	3,283,764	
TUFTS EPO	79	I	12	776.00	473.36	448,745	302.64	286,903	735,648	61.00	
	50	F	12	2108.00	1096.16	657,696	1011.84	607,104	1,264,800	52.00	
	TOTALS:							1,106,441	894,007	2,000,448	
FALLON DIRECT	9	I	12	545.00	327.00	35,316	218.00	23,544	58,860	60.00	
	18	F	12	1458.00	801.90	173,210	656.10	141,718	314,928	55.00	
	TOTALS:							208,526	165,262	373,788	
FALLON SELECT	28	I	12	586.00	351.60	118,138	234.40	78,758	196,896	60.00	
	49	F	12	1565.00	860.75	506,121	704.25	414,099	920,220	55.00	
	TOTALS:							624,259	492,857	1,117,116	
HPHC PPO	1	I	12	1819.00	909.50	10,914	909.50	10,914	21,828	50.00	
	0	F	12	4804.00	2402.00	-	2402.00	-	-	50.00	
	TOTALS:							10,914	10,914	21,828	
TUFTS SUPPLEMENT	245	I	6	397.00	198.50	291,795	198.50	291,795	583,590	50.00	
TUFTS SUPPLEMENT	245	I	6	430.00	215.00	316,050	215.00	316,050	632,100	50.00	
TUFTS HMO	133	I	6	296.00	148.00	118,104	148.00	118,104	236,208	50.00	
TUFTS HMO	133	I	6	314.00	157.00	125,286	157.00	125,286	250,572	50.00	
	TOTALS:							851,235	851,235	1,702,470	
TOTAL:						4,677,071		3,822,343	8,499,414		

REVISED BENCHMARK PLANS

HPHC EPO	91	I	12	780.26	491.57	536,790	288.70	315,257	852,047	63.00	
2.1% REDUCTION	96	F	12	2051.01	1128.05	1,299,517	922.95	1,063,241	2,362,758	55.00	
	TOTALS:							1,836,307	1,378,498	3,214,805	
TUFTS EPO	79	I	12	756.60	461.53	437,527	295.07	279,730	717,257	61.00	
2.5% REDUCTION	50	F	12	2055.30	1068.76	641,254	986.54	591,926	1,233,180	52.00	
	TOTALS:							1,078,780	871,657	1,950,437	
FALLON DIRECT	9	I	12	534.10	320.46	34,610	213.64	23,073	57,683	60.00	
2% REDUCTION	18	F	12	1428.84	785.86	169,746	642.98	138,883	308,629	55.00	
	TOTALS:							204,356	161,956	366,312	
FALLON SELECT	28	I	12	574.28	344.57	115,775	229.71	77,183	192,958	60.00	
2% REDUCTION	49	F	12	1533.70	843.54	495,999	690.17	405,817	901,816	55.00	
	TOTALS:							611,773	483,000	1,094,774	
HPHC PPO	1	I	12	1819.00	909.50	10,914	909.50	10,914	21,828	50.00	
	0	F	12	4804.00	2402.00	-	2402.00	-	-	50.00	
	TOTALS:							10,914	10,914	21,828	
TUFTS SUPPLEMENT	245	I	6	397.00	198.50	291,795	198.50	291,795	583,590	50.00	
TUFTS SUPPLEMENT	245	I	6	430.00	215.00	316,050	215.00	316,050	632,100	50.00	
TUFTS HMO	133	I	6	296.00	148.00	118,104	148.00	118,104	236,208	50.00	
TUFTS HMO	133	I	6	314.00	157.00	125,286	157.00	125,286	250,572	50.00	
	TOTALS:							851,235	851,235	1,702,470	
TOTAL:						4,593,365		3,757,261	8,350,626		
SAVINGS:						(83,706)		(65,082)	(148,788)		
25% MITIGATION:						37,197					

Attachment #2
Calculation of Estimated Savings
dated: 12.01.2017