

# UCPEA

## Collective Bargaining Agreement

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### Job Security

- Permanent employees guaranteed job security for 4 years (hired before July 1, 2011)
- 4 years of job security for end-date employees on permanent funding (other than ledger 5 and 6)

### Salary Increases

- During incredibly difficult economic times, 5 percent wage increases in July 2013, 2014, 2015
- No raises in 2011 and 2012
- Merit replaced with more equitable raise distribution: No merit in July 2013 and July 2014 and minimized merit impact in July 2015
- No payback of temporary 2011 raise. Instead, delay of July 2013 raise to account for 2011 overpayment

### End-Date Protection

- Crucial language to halt the misuse of end-date positions
- A process to convert long-term, securely funded end-date positions to permanent status

## Things to Think About

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Let your Union Rep/UCPEA office know about the following issues

- End-date complications
- Inefficiencies in the workplace
- Vendors or consultants doing UConn staff work
- Vendors on the “grave train”
- Any issues/problems with the HEP

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What should I do if I’m in ARP?

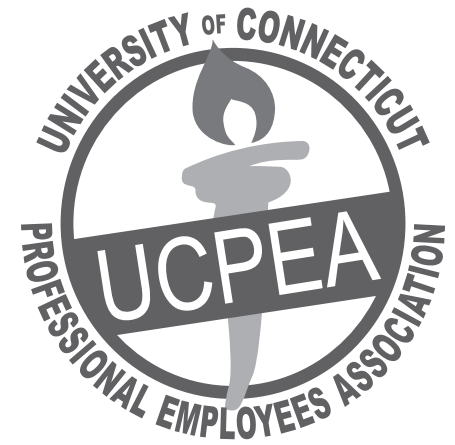
#### OPTIONS

- Stay in ARP
- Enroll in the Hybrid Plan when it becomes available
- Wait for the IRS ruling on the ARP award before deciding

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What are some of the changes I avoid by retiring prior to October 2, 2011?

- HEP opt out penalty
- New early retirement penalties (6% reduction factor & retiree premium co-share)
- Increased prescription co-pays; new emergency room co-pay



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## UCPEA

### Collective Bargaining Agreement

(extended to June 30, 2016)

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## SEBAC

### Pension and Healthcare Agreement

(extended to June 30, 2022)

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#### UCPEA

(860) 487-0850 -- [www.ucpea.org](http://www.ucpea.org)

#### UConn Human Resources

(860) 486-3034 -- [www.hr.uconn.edu](http://www.hr.uconn.edu)

#### CT State Comptroller's Office

(860) 702-3300 -- [www.osc.ct.gov](http://www.osc.ct.gov)

# SEBAC Pension and Healthcare Agreement

## HEALTH CARE INSURANCE IMPACT

### General Health Care

- No changes in benefit levels, access requirements
- Mail order pharmacy for maintenance medications after the first prescription  
**Tip:** Go to Caremark webpage to learn about mail order process
- New prescription co-pays: \$5/\$10/\$20 for maintenance medications & \$5/\$20/\$35 for non-maintenance medications
- Emergency Room: \$35 co-pay when there is a reasonable alternative

### Health Enhancement Plan (HEP)

Benefits -----

- Copayments for certain conditions waived or reduced (diabetes, asthma/COPD, heart failure/disease, hyperlipidemia, & hypertension)
- Office co-pays waived for treatment and monitoring of the listed conditions
- \$100 bonus for any participant, having one of the listed conditions, if he/she and dependents comply with the requirements of the HEP
- No limit on periodontal care

Requirements - - - - -

- Screenings and wellness visits at specified time intervals (Attachment B\*)
- Participate in disease counseling  
**Note:** Disease counseling is done by phone AND members don't have to follow the advice provided. There will be no impact on treatment decisions – these still made by patient and doctor
- Bi-annual dental cleanings

- ★ ★ The choice to join the HEP is made during the open enrollment period: 2011 open enrollment dates Aug. 22 through Sept. 15
- ★ ★ Penalty for not enrolling in the HEP: \$100/month & \$350 per enrollee annual deductible (capped at \$1,400 per family)

## RETIREMENT IMPACT

### Pension

#### Hybrid Plan -----

- Allows members to “hedge their bets”  
– ARPers can buy-in to the plan. In return, upon leaving state service, the employee can receive a defined benefit pension (identical to Tier 2/2a), or opt for a payout
- Employees taking the payout option waive access to retiree health insurance unless they convert the cash out option to a periodic payment as would be required under the current ARP plan

#### Breakpoint adjustment -----

- Currently, the flawed pension calculation formula provides for a lower pension benefit to low/average earning state employees
- The parties agreed to correct this problem, referred to as the current Tier 2/2a breakpoint
- Watch for more details as the parties meet and resolve the issue

#### Increase to normal retirement age:

#### Effective July 1, 2022 -----

- In 2022, the age associated with “normal retirement” shall be increased by a factor of 3
- Employees will individually have the opportunity to lock in the current, lower “normal retirement” age by electing to increase their pension contribution. The calculation of the increase is detailed in Attachment F\*. This one-time irrevocable option must be made prior to July 2013
- Employees who opt to lock in the lower age, but work to the higher, shall receive the extra contributions back without interest

*\*Details in clarified SEBAC agreement on UCPEA website*

#### Early retirement penalties -----

- Early Retirees in Tier 2/2a plan and ARP must pay a health insurance co-share until they reach normal retirement age. These increased co-shares are described in Attachment C\*
- For SERS retirees – The early retirement pension reduction factor is increased to 6% for each year prior to reaching normal retirement age

#### Tier 3 SERS Pension -----

- Applies to employees hired after July 1, 2011

### Retiree Health Care

#### Employee contribution to Retiree Health Care Trust Fund

- Employees currently paying continue to pay for a period of 10 years
- Employees not currently paying phase in July 2013 (0.5%), July 2014 (2%), then continuing for the balance of 10 years
- Contributions will help to pay down the enormous unfunded liability associated with this benefit AND will make it much more difficult to take this benefit away in the future

#### Requirements for securing retiree health insurance

- 10 years for current employees
- 15 years for those hired after July 1, 2011
- The rule of 75 only applies to “deferred vested” members (those who leave state service prior to being able to transition directly into retirement)