**Affordable Care Act Toolkit**

**Sample Health Care Bargaining Information Request**

(Choose those aspects of the information request relevant to the local or sub local’s negotiations.)

Re: Health Insurance Information Request

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

In preparation for the upcoming contract negotiations, the Union requests the following information. Please provide the information as soon as possible, so that we may have time to review and analyze it well in advance of negotiations.

1. A list of bargaining unit employees and:
   1. The medical, dental, and vision insurance plans they are enrolled in and whether they are enrolled in the single plan, 2 person plan, or the family plan.
   2. Whether the employee is enrolled in an employer sponsored HRA, HSA, FSA, or other savings account.
2. The current Summary Plan Descriptions and Summary of Material Modifications for all health insurance plans presently provided by the employer to any and all employees.
3. The current Schedule of Benefits, listing percentage of care covered and costs for all outpatient care, inpatient and hospital care, dental care (including number of visits per year covered and age limits), prescription drugs, mental health and substance abuse care (outpatient and inpatient), eye care, eyeglass, and contact lenses programs, smoking cessation programs, fitness/wellness programs, and preventive care benefits.
4. For new plans the employer is proposing please list the name of the insurance carrier, breakdown of the total monthly premium for each plan by type of coverage (i.e., single, two-person, family, or premium equivalent for self-insured plans), the method of calculation used, maximum annual out-of-pocket costs to employees, deductible costs, Summary Plan Descriptions, and Schedule of Benefits (including all information as requested in Request #3).
5. The % of the straight time earnings that are presently deducted for each employee’s paycheck to pay for the employee’s portion of medical, dental, and vision insurance premiums and what will be deducted under the employer’s proposed new plan(s). Please provide this information for non-bargaining unit employees as well.
6. A list of bargaining unit employees who declined health insurance, if any.
7. The number of bargaining unit employees who reached or exceeded the maximum out-of-pocket sum of $\_\_\_\_\_ in years \_\_\_\_\_ and \_\_\_\_\_ (if applicable). [If maximum out-of-pocket is different for different types of insurance (indemnity, HMO, PPO), you will need to ask this question for each type of insurance].
8. The number of bargaining unit employees who participate in an HMO or PPO who have submitted one or more out-of-network claims for themselves or dependents since their election of the HMO.
9. [WHERE RETIREES AGED 55-64 ARE COVERED] Copies of any and all documents, including, but not limited to, applications, correspondence, meeting notes, reports, studies, projections, analyses, electronic mail, faxes, PowerPoint presentations, and internal memoranda that were utilized by the employer to apply for, or analyze the impact of, the Early Retiree Reinsurance Program. (MAY NOT APPLY BUT EMPLOYER MIGHT HAVE GOTTEN SOMETHING IN THE LAST FEW YEARS.)
10. For all proposed plans, whether a primary care physician must be chosen from a “network” list; whether referrals to specialists are or would be only through the primary care physician; whether the current and proposed plans can overrule the primary care physician’s referral or recommendation, and if so, the reasons why; whether members can utilize out-of-network services; how health care providers are accepted into the plan, including whether providers must pay a fee to join the network and any other requirements.
11. For all current and proposed plans, please provide information regarding the financial arrangements between the plan and medical providers, e.g., whether the provider is paid a flat dollar amount per month regardless of the number of patients seen or whether it is a percentage, incentive, per person, or other payment system.
12. For all current and proposed plans, please provide information regarding employee cost-sharing of out-of-network services, including emergency services.
13. All documents showing the value of tax deductions taken by the employer in the last three (3) years for providing health insurance to employees and all documents showing the net cost of providing health insurance after the tax deduction.
14. [IF THERE ARE 25 OR FEWER EMPLOYEES] All documents showing what credit the company will be receiving from the federal government for providing health insurance to employees, including IRS Form 8941 (Credit for Small Employer Health Insurance), and all documents showing the net cost of providing health insurance after the tax credit.

The above requested information is preliminary and the Union reserves the right to request additional information as necessary. Please provide as much of this information as possible in both an electronic format, as well as in its document form. If you have any questions, please contact me at the address or phone number listed on this letterhead.

Sincerely,

Name

Title

**[The following requests are relevant to the required changes to health insurance plans to comply with the Patient Protection and Affordable Care Act of 2010 (“ACA”) and changes the employer may propose to make due to the ACA]:**

1. A list of any and all plan changes the employer has implemented since 2010 that are related to the implementation of the ACA and/or to comply with the requirements of the ACA.
2. A list of any and all plan changes the employer is considering that are related to the implementation of the ACA and/or to comply with the requirements of the ACA.
3. For all ACA-related plan changes that have already become effective, please provide the census and usage data for the 12-month periods before and after the change in plan design and the year-to-date data since the last 12-month period ended.
4. Copies of any and all documents, including, but not limited to, correspondence, meeting notes, reports, studies, projections, analyses, electronic mail, faxes, PowerPoint presentations, and internal memoranda that were utilized by the company to analyze the potential impact of the ACA on employer health insurance plans, including documents relating to cost comparisons and projections, plan design changes, changes to employees’ hours of service, etc.
5. [IF THE PLAN IS NOT SELF-INSURED] For all current and proposed plans, the percent of premium cost that goes toward the payment of claims.

**[If the employer proposes changes to the health insurance plan(s) because of the ACA-mandated excise tax on “high value” health care plans, which goes into effect in 2018, make the following request]:**

Please provide any and documents, including, but not limited to, correspondence, meeting notes, reports, studies, projections, analyses, electronic mail, faxes, PowerPoint presentations, and internal memoranda regarding the cost of the plan(s) and the 40% excise tax beginning in 2018 and for subsequent years. Please include information on whether the employer believes its plan(s) will be subject to the excise tax and, if so, information regarding proposed plan cost-sharing changes, if any.