# **Guidelines For Health Insurance Bargaining**

### SURVEY MEMBERSHIP, SURVEY MEMBERSHIP, SURVEY MEMBERSHIP

Survey (not census) membership before union agrees to any changes in health insurance to know, for sure, how the employer proposal will affect members. (Seemingly moderate increases to co-pays, can add thousands of dollars to someone's annual healthcare costs.)

## CONTRACT, OR HEALTH INSURANCE ARTICLE, EXPIRATION DATE LANGUAGE

If there are other non-UE bargaining units of the same employer, and we go "after" the other bargaining units, consider if we should propose that the local or sub local should change the expiration date so that our health insurance negotiations are first This gives us greater control over the construct of the plan to insure the its design doesn't put unfair financial burdens on any one sector of the membership – like high co-pays for certain medical needs (Rx, specialists, etc.)

### **BASIC POSITIONS**

Financing of healthcare should be affordable and fair....relative to income. For 99% of workplaces the deduction taken from our paycheck for health insurance is a huge regressive tax where an employee making \$20,000 pays the same as someone making \$250,000.

Graduate away from financing health insurance from % of premium to...

flat dollar amounts (maybe tiered based on income) to,

percentage of salary (maybe tiered, initially, based on income).

Cap workers' financial exposure so that lower wage workers don't get completely whacked with burdensome healthcare costs.

If high deductibles or co-pays are part of the plan design supplements, reimbursements, or other subsidies should be proposed to be paid through HRA's, HSA's, or other tax free funding mechanism.

Little to no paperwork AND if there is paperwork (or other self-help requirements like 1-800-INS-HELL) than it should be done during work time by employee or union designated rank-and-file representative who receives lost time to do this work.

Strongly resist paying any of the excise tax or enter language which could be construed to mean workers are responsible for any portion of the excise tax.

Representatives of the local or sub local union should be at the table when the employer negotiates/discusses health insurance with broker or carrier(s) or potential carrier(s).

Employees should not need to change any medical provider to maintain decent health insurance. Place responsibility of getting non-participating provider(s) into plan on the employer but request that member talk with their provider, as well.

Encourage the local union to join with other bargaining units of the same employer to leverage combined strength for better healthcare and a fairer financing system.

## **USING INFORMATION REQUESTS**

Use information requests to clarify what the employer is proposing and make more informed bargaining decisions.

Contact your Field Organizer or International Representative for assistance with drafting information requests or to discuss strategies such as using more comprehensive or lengthy information requests.