Approved
Minutes of the Academic Senate Special Meeting
Friday, November 8, 2013; 3:00 pm
KU East Ballroom


Absent: Jasmine Lahoud, Laura Leming, Eric Taglieri, Ed Mykytka, Karen E. Swisher

Opening Prayer/Meditation: P. Anloague opened the meeting with a prayer.

C. Phelps welcomed everyone to the special meeting of the Academic Senate to discuss the process involved and changes to the UD health care plans. She reviewed the guidelines for how the meeting would be conducted and introduced Tom Burkhardt, Vice President for Finance and Administrative Services, who presented a detailed summary of the self-insurance process, the role of Anthem in UD’s self-insured model, UD’s health care costs, the rationale for increased costs of UD’s health care plans, and the steps that will be taken to improve consultation about health care in the future. T. Burkhardt stated that the community’s concerns about the lack of consultation had been heard and he was committed to meaningful dialogue going forward. He thanked the community for the thought-provoking questions that had been forwarded to him and Joyce Carter prior to the meeting.

Highlights from T. Burkhardt’s presentation:
- UD is self-insured; Anthem is 3rd party administrator
- There has been an 11% increase in lives covered by UD health care plans since 2009
- UD’s health care plans cover 90.1% of full-time employees
- HR works with Anthem, Mercer, actuaries, and local companies to review health care trends and options each year
- HR tries to balance increases to monthly premiums with increases to deductibles to get the plan that is the most advantageous for the most people and drive good behavior
- None of our 25 peer schools offer health insurance to graduate assistants
Several models of sliding scale of premiums based on employee salary have been examined—most likely to increase premiums for half of employees

- Commitment to preserve spousal coverage when spouses are eligible for other coverage
- Commitment to bring people together during summer for consultation

Questions and Answers:

H. Gerla asked how the balance between premiums and deductibles is reached. J. Carter responded that HR and administrators consult with McGohan/Brabender, use survey data, consider how much savings is needed, and the impact on the lowest paid employees to make decisions. Follow up: Why the decision to keep premiums low? T. Burkhardt said that the goal was to drive people toward being well.

S. Cassiman stated that the car analogy in T. Burkhardt's presentation was problematic and choosing Miami University as a peer institution was misleading because they make more money. She stated that the changes to health care costs are considered a pay cut for everyone. P. Benson asked if costs have been increasing over several years, why the delay in passing costs along. T. Burkhardt answered that it had primarily been an issue of timing. C. Krane stated that pledging to keep spousal coverage seemed inconsistent with dropping graduate student spouses and families. T. Burkhardt stated that graduate assistants are valuable, but other universities are not covering graduate students much less their families. J. Carter stated that health care costs for graduate assistants had risen 52% recently and it was likely that many could be covered under their parents since the Affordable Health care Act provides for adult children to be covered up to 26 years old (grandchildren are not covered). The assumption was made that most have coverage available elsewhere. Follow up: C. Krane stated that as a Catholic and Marianist institution we should lead on this issue.

M. Gabbe asked about the rationale for raising deductibles and coinsurance but not co-pays if the goal is to change behavior. T. Burkhardt stated that office visits were not the issue. The high cost of testing was a bigger issue. One part of driving behavior is to have us think about the costs to become better consumers. Follow up: M. Gabbe stated that perhaps better education of the community was needed. J. Mashburn asked if the amount that UD contributes (85%) is projected to stay the same. J. Carter said that the actuaries predict that UD will be paying more than 85%. T. Lau asked if the fee paid to Anthem was less than 20%. The question was answered in the affirmative. J. Dunne commented that UD’s coinsurance numbers looked competitive to peers.

P. Anloague asked about the role of McGohan/Brabender in the process and whether or not there is a potential conflict of interest since they offer wellness products. J. Carter answered that they act as consultants and that UD had not purchased any of their wellness products. L. Hartley commented that we are here not because of rising health care costs but because of the lack of consultation. Why was the Human Resources Advisory Council (HRAC) not consulted? J. Carter said that it was an issue of timing. Decisions needed to be made over the summer and the HRAC was not in session. She also stated that next year would be different since plans are being made to involve that group in the process. J. Saliba stated that ECAS is discussing ways to improve dialogue on a variety of issues. We need year-around conversation about health care.

D. Sanfilippo asked if the graduate assistants had been consulted before the decision was made to exclude their spouses and families from the health care plans. He stated that they are a particularly vulnerable population. J. Carter stated that the Graduate School had been consulted but not graduate students. She stated that the new health care exchanges are available and that she believes that graduate students have better options outside of the UD system. McGohan/Brabender is available to help graduate assistants find the best options. Call HR for more information. S. Brown asked about recruitment of future graduate students. He stated that discontinuing this coverage did not promote the message that we are Catholic and Marianist. J. Saliba said that this was a good example of why consultation is important. There are consequences to every decision. E. Hicks asked about the doubled monthly premium costs for part-time
employees. J. Carter stated that even at double the rates, it was a good deal compared to peers and area companies.

S. Cassiman asked if HR had considered discontinuing health care and sending everyone to the exchanges. T. Burkhardt responded that since we are self-insured there is a cost savings because it eliminates insurance company profits.

**Guest Questions and Answers:**

M. Pinnell asked why there was no warning for the dual spouse increases and why these changes were not highlighted at community meetings. J. Carter said that there was an increase for couples that work at UD in the Advantage plan in 2007. She also stated that the possibility was shared with ECAS and at other meetings in September. Follow up: M. Pinnell stated that there had been very little time to prepare for the increases. J. Robinson stated that the cost increases were defacto discrimination against people with pre-existing conditions. She asked in out-of-pocket expenses were taken into consideration with calculating the percentages? J. Carter answered no. T. Burkhardt stated that though there are increased costs, they are trying to keep them reasonable. H. Merriman asked what plans UD has to incentivize wellness. T. Burkhardt responded that the health risk assessments are one way. They are also committed to looking at a variety of programs for the future. V. Miller stated that only 9% of the graduate assistants are under 26 so most are not eligible to be covered by their parents. Most are also of childbearing years. He stated that their only real option would probably be Medicaid. He questioned whether or not we wanted to do that as a Catholic and Marianist institution. T. Burkhardt explained that the decision was made in part by looking at the small amount paid in premiums by graduate students compared to the cost of claims made. J. Saliba stated that this was an important issue that will be revisited.

C. Phelps thanked T. Burkhardt and J. Carter for attending the special meeting. She stated that the conversation could continue at next week's meeting since it was past time to move to the next portion of the meeting. She reminded everyone that the issue of health care plans was a consultative one. The Academic Senate could express opinions and desires, but did not have any legislative power in this area.

**Discussion of Resolutions:**

T. Lau thanked T. Burkhardt and J. Carter for their presentation and Q&A. He stated that our employees are our biggest and most important investment. He proposed the following resolution to encourage the administration to not make any binding commitments for 2015 and beyond without adequate consultation with the Human Resources Advisory Council. C. Krane seconded the motion.

Resolved, that the Academic Senate recommends the University of Dayton not make any binding commitments on changes to healthcare insurance benefits for employees until the HRAC has had an opportunity for meaningful consultation (including but not limited to soliciting feedback from HRAC members on those specific changes).

No discussion. The question was called.

**Unanimously passed (31 yes; 0 no; 0 abstentions)**

S. Cassiman proposed the following resolution to delay implementation of the revised Health Care Plan for 1 year to allow for review and consultation of the rationale for the changes, the data used to generate the revised Health Care Plan decisions, the alternatives that were considered, and the process used to make the decisions. K. Mosser seconded the motion.

Faculty have not had access to data driving the changes in the Health Care Plan, nor opportunity for meaningful input. Resolved, the Academic Senate recommends that the changes to benefits be suspended for at
least 1 year in order to review the data and offer relevant feedback. This delay will help restore our confidence in shared governance and be a much-needed boost to morale on campus.

Discussion: L. Hartley asked if a delay was possible given the timing. T. Burkhardt stated that it would be fiscally irresponsible and not possible to delay the 2014 changes. T. Saliba thanked T. Burkhardt and J. Carter for their explanations. He stated that we have to trust the experts and he believes they are doing the best they can for the university. S. Cassiman stated that perhaps we would trust more in we had not been given inaccurate information. M. Gabbe stated that many people will be negatively impacted by the increases. The question was called.

Not passed (7 yes; 17 no; 4 abstentions)
The general feeling was that it was too late for 2014 so the focus should be on 2015 and beyond.

C. Krane put forward the following resolution concerning coverage for graduate assistants’ spouses and families. T. Lau seconded the motion.

Resolved, that the Academic Senate recommends the 2014 Health Care Plan be modified to continue to include GA spouse and family coverage.

Discussion: K. Willard asked who would pay if this was enacted. J. Saliba said that the cost would have to come out of the E & G budget. H. Gerla asked if there had been any thought to passing savings from cutting GA spouses and families back to the graduate assistants as salary increases. The question was called.

Passed (15 yes; 6 no; 10 abstentions)

It was agreed that any other resolutions or discussion would be postponed until the next regular meeting of the Academic Senate on Friday, November 15, 2013.

Meeting adjourned at 5:10 pm

Respectfully submitted by E. Hicks