

Summary of Non-Exempt Pay Plan Changes for 2019

- Article III Benefits – Section B, Health Insurance,

A. Premiums – Employee premium share will increase across all coverage tiers to 15.25% effective January 1, 2019 and increase to 17.50% on July 1, 2019. Currently they are at 12.75%/12.75%/10% for OAP for Single, +1/Child and Family and 10% for HMO for Single, +1/Child and family.

B. User Fees - The health insurance “User Fees,” meaning deductibles, co-pays and pharmaceutical co-pays for the OAP plan will increase to market appropriate rates

2018		2019	
Deductibles		Deductibles:	
(a) In Network	Out of Network	(a) In Network	Out of Network
\$375.00 (Single)	\$750.00 (Single)	\$750.00 (Single)	\$1,500.00 (Single)
\$1,125.00 (Family)	\$1,500.00 (Family)	\$1,500.00 (Family)	\$3,000.00 (Family)
(b) Out of Pocket Maximums (including deductibles):		(b) Out of Pocket Maximums (including deductibles):	
In Network	Out of Network	In Network	Out of Network
\$1,875.00 (Single)	\$3,000.00 (Single)	\$2,750.00 (Single)	\$4,000.00 (Single)
\$4,125.00 (Family)	\$6,000.00 (Family)	\$5,500.00 (Family)	\$8,000.00 (Family)
(c) Prescriptions:		(c) Prescriptions:	
Prescription Co-Pays at Retail: \$8.00 per script per month for generics		Prescription Co-Pays at Retail: \$8.00 per script per month for generics	
	\$30.00 for preferred		\$50.00 for preferred
	\$60.00 for non-preferred		\$100.00 for non-preferred
Mail Order 90-Day Supply: \$16.00 generics		Mail Order 90-Day Supply: \$16.00 generics	
	\$60.00 preferred		\$100.00 preferred
	\$120.00 non-preferred.		\$200.00 non-preferred.

Note: These increases do not apply to those employees on HMO.

- Article III Benefits – Section D, Holidays – added Martin Luther King, Jr. Birthday

Exhibit “A” Schedule of Position Grades-Page 35

- New pay grades (18-22) implemented based on the Hay salary study.

Exhibit “B” Schedule of Salary Grades – Page 36

- Proposed 2.5% COLA