

**Memorandum of Understanding**

**Health Insurance:**

**Employee Contribution Annual Percentage Increase Cap**

This MEMORANDUM OF UNDERSTANDING is entered into by the Medina County Board of Commissioners – Sanitary Engineer, hereinafter “Employer”, and the Service Employees International Union (SEIU), Local 3, hereinafter “Union”.

Under Article 35 of the Collective Bargaining Agreement (CBA) between the Employer and the Union the Employer agrees to provide a managed health care program recognized as **Plan A**, comprised of a benefit schedule having lower deductibles and smaller “Out-of-Pocket” dollar maximums; and **Plan B**, comprised of a plan with a higher deductible schedule and higher “Out-of-Pocket” dollar maximums. Both **Plan A** and **Plan B** provide three (3) options of coverage: Single, Single +1 and Family each having a percentage contribution rate commensurate with the Employer’s estimated cost for each Plan.

Article 35 requires employees enrolled in **Plan A** to contribute ten (10%) percent of the estimated monthly cost and employees enrolled in **Plan B** to contribute five (5%) percent of the estimated monthly cost. The annual open enrollment period for the Employer’s managed health care program runs from December 1 through December 31, with a January 1 effective date.

The Employer and Union agree to maintain the aforementioned employee contribution percentages and to limit the employees’ maximum monthly contribution should the Employer’s estimated cost of either **Plan A** and/or **Plan B** increase in years 2008, 2009 or 2010. Should an increase be necessary, it will be effective approximately the first pay period of 2008, 2009 or 2010.

The 2008-2010 employee contribution rates subject to the annual employee cost limits and based on the Employer's estimated cost shall be set as follows:

<u>Coverage Type</u>	<u>Plan A (2008)</u> Monthly Contribution Rate	<u>Plan B (2008)</u> Monthly Contribution Rate	<u>Plan A (2009)</u> Monthly Contribution Rate	<u>Plan B (2009)</u> Monthly Contribution Rate	<u>Plan A (2010)</u> Monthly Contribution Rate	<u>Plan B (2010)</u> Monthly Contribution Rate
Single	\$32.00	\$10.00	\$35.00	\$11.00	\$39.00	\$12.00
Single +1	\$67.00	\$21.00	\$74.00	\$23.00	\$81.00	\$25.00
Family	\$111.00	\$36.00	\$122.00	\$40.00	\$134.00	\$44.00

An increase above the ten percent (10%) cap, based on the Employer's annual estimated cost, shall be borne by the Employer.

The Employer will make every effort to notify the Union of any increases or decreases in contribution rates for 2009 or 2010, fourteen (14) calendar days prior to the commencement of the open enrollment period.

For the Union:

For the Employer:

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On Behalf of SEIU, Local 3

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Medina County Commissioner

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Trustee, SEIU, Local 3

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Medina County Commissioner

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Medina County Commissioner