

# United for Compensation that Values our Team

We are united at EvergreenHealth Monroe for a contract that invests in the hardworking team that makes our hospital run. Last week at bargaining, we gave management our proposals for raises and other compensation to significantly bring up our standard of living, retain our talented coworkers, and equitably recognize our 24/7 commitment to our patients and hospital. We need significant across-the-board raises, full credit for our experience on the wage scale, annual pay increases on our anniversary date no matter our FTE, and retirement contributions every pay period, the same as most other hospital systems give.

Our next bargaining date is October 21. We plan to give management additional proposals for a hospital where everyone belongs, our union is respected, and management invests in our education and career development.

## Our proposals

Significant raises for everyone	9/1/22 – Raise of 20%, with a minimum raise of \$3.25/hour for every pay step 9/1/23 – Raise of 15%, with a minimum raise of \$3.00/hour for every pay step
Equitable credit on the pay scale for the full experience we bring to our jobs	New hires get credited 1:1 for experience in a variety of care settings Credit for relevant experience outside healthcare – jobs with overlapping responsibilities and skills All current workers are evaluated and moved up on the pay scale based on the new criteria If someone is hired higher than the minimum step required for their experience, then current workers move up
Raises every year on our anniversary date	For RNs and service workers, we all move up a step every year, regardless of how many hours we work
Higher and more equitable differentials	Matching or exceeding the highest differentials in the Evergreen system for evening and night shift, weekend work, charge nurse/lead role, preceptor, and other premiums Equitable differentials for all staff, recognizing that the value of our time (weekends, nights, etc.) is the same
Retirement contributions every pay period, with no barriers to access	Management contributes to our retirement every pay period, like other hospital systems do, not once/year deposited many months late as they are doing now Management provides info upfront on how to sign up for retirement benefits
Appreciation/retention bonus	\$1000 on ratification, pro-rated by FTE \$2000 for those of still employed on 9/1/23



“Investing in our hospital is the best way to maintain standards like other providers in the area. It will help local families feel they have great patient care close to

home.”

- Heather Beierle, RN, Surgery Services



“We often hear from patients that they got the best care from our nurses, CNAs and hospital staff. I want to ensure that our wages are competitive to retain our committed staff so we can continue to give the best care we can.”

- Kevin Collison, RN, Surgery

# We need secure medical benefits

We have all been talking around the hospital about how management came to us asking us to voluntarily open our medical benefits negotiation agreement that goes through the end of 2023 and to switch to a new health insurer from Premera to Aetna for 2023. We have had a few meetings with management and many conversations as a bargaining team about this health insurance proposal from Monroe's leadership. We told management we are open minded about opportunities to keep good, secure benefits that are affordable and not categorically opposed to changing insurance providers if we can reach an agreement that is good for all of us.

However, we cannot agree to the proposals management has made thus far. We have united as a union over several years to build secure, affordable medical benefits, particularly for those of us with dependents. In 2019, we reached a multi-year agreement to move to a private insurance plan that includes "maintenance of benefits" for the health plan itself (how much it costs when we use our health benefits to go to a provider, get a prescription, have a surgery, etc.) as well as a limit on cost increases for premiums (the amount we pay to sign up for health benefits) to 5% per year.

In our chart below you can see management's most recent proposal to move to Aetna insurance which involves weakening the "maintenance of benefits" for the plan so that management can change the health plan design if the cost of the benefits to management goes up by more than 10% (it's not unusual for health plan costs to fluctuate by more than 10% from one year to the next). This is in addition to the "preferred network" with no deductible and 10% coinsurance for all Evergreen-associated providers going away, so we'd have to start paying the deductible plus 20% coinsurance.

## Why management's health benefit proposal doesn't work for us

	Management's proposal to switch to Aetna plan	Union proposal
<b>Premiums</b> - how much we pay to sign up for health benefits (just to have, not use)	No more than 5% increase in 2024 and 2025 for dependents.  No cost for employees.	No more than 5% increase per year through the end of our next contract.  No cost for employees.
<b>Security of our health benefit plan design</b> (what you pay when you get healthcare - things like copay, coinsurance, deductible)	If the total cost of the health benefits (behind the scenes, what the insurer charges the hospital) goes up more than 10% in a year, then management has the right to make our benefits worse (change insurance plans, change how much we pay for different kinds of healthcare, etc.)	The same as what we have now.  Our benefits are strongly protected over the length of our contract and won't change because the behind-the-scenes cost to management changes.
<b>Deductible</b> - the first \$ you pay when you use your benefits in a given year	Care at the Evergreen Monroe hospital facility is exempt from the deductible. We would now pay a deductible at provider offices in the network - \$250 for individuals and \$500 for families.	Care at this hospital plus doctor offices in Snohomish county (those that were part of the system before Evergreen affiliated with the hospital) is exempt from deductible.
<b>Health benefit plan design</b>	At "preferred network" providers, we currently pay 10% of the "cost" of a visit. With management's proposal, we'd pay 20%. Every visit. The actual cost is not transparent because coinsurance is a percent of what a provider charges, but 20% is twice as much as 10%. This is in addition to the deductible.  Now, there would be no incentive to go to Evergreen providers versus other providers in the Aetna network.	Given management's wanting to weaken our benefit protections, we are not agreeing to change to Aetna. This means we are staying with our same benefit plan design for 2023 with no changes.  If we were to change to the Aetna plan because it was overall better for us, we would also have the changes in coinsurance.

These changes add up to an unacceptable worsening of our health benefits that we cannot agree to. It is particularly unthinkable that we would voluntarily agree to these negative changes right now, on their own, without even having any idea what other agreements or priorities management will bring to bargaining our full contract. If management has further proposals about health benefits for 2023 we will always consider them, but unless we can reach agreement that does not worsen our health benefit security, we will stay with our current Premera benefit plan, with no changes to the plan and 5% increase in premiums, through the end of 2023, and bargain about further benefits changes as part of our full contract bargaining.

**Talk to your bargaining team members about how we are standing strong for these priorities.**