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ARTICLE 30
Health Benefits

Section 1. Police Active Health Benefits Working Group.

The City and the Association agree in principle that health benefit costs and market based health plans are issues that will be reviewed in the next collective bargaining cycle. The City and the Associations further agree to establish a health benefits working group. The City will provide access to claims information of a statistical and financial nature (consistent with medical privacy laws), third party vendor contracts, and other information necessary to perform its function. The Working Group shall be afforded training opportunities which shall be paid for respectively by each representing organization (Association or City).

The working group will have the following responsibilities:

1. Review City's uniformed health benefit plan, usage trends and cost trends.

2. The City will provide and review with the Association the claims, cost/experience reporting forms which are currently being provided to the Association's Health Benefit Consultant.

3. Identify Master Contract Document language clarification issues for discussion in the next round of negotiations.

4. Participate in future Requests for Proposals for vendors as to benefits products and services, by providing input, evaluation and suggestions to the City officials designated by the City Manager to carry out the selection and administration process.

5. Conduct or purchase a health benefits survey of other public entities for comparison with City's plan and design and experience.

6. Create an educational forum to inform Officers of the costs associated with health benefits and the increasing need to address increasing costs.

7. Provide the City and the Associations with suggestions regarding possible cost-saving initiatives to incorporate into future benefits programs.

Section 2. Active Police Officer Health Benefits

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A. The City shall provide all active Police Officers who are eligible with family medical benefits as agreed upon herein. The minimum benefits provided are those as stated in the Master Contract Document for the City of San Antonio, San Antonio Professional Firefighters Association and San Antonio Police Officer's Association Bargaining Unit (hereinafter referred to as "Master Contract Document") which is attached and incorporated herein as Attachment 6. Provisions and benefits specified in the Master Contract Document shall not be reduced during the life of this Agreement; however, the City reserves the right to change carriers or plan administrators at any time at its discretion. While the City is prohibited from reducing the provisions and benefits specified in the Master Contract Document during the life of this Agreement, a determination of what medical service is medically necessary for a particular patient or any reduction in the usual and customary charge for that medical service, will not be construed as a reduction in benefits; provided that the determination is made in accordance with the procedures and criteria described in the Master Contract Document.

B. Active Police Officers covered under this Agreement shall be granted the option of entering into or exiting from the civilian benefits program as provided for by the City to substitute for the basic program as outlined in this Agreement. Said option must be exercised by the active Police Officer during the re-enrollment period between the dates of October 1, and December 31, of each calendar year.

Section 3.

This agreement, and the Master Contract Document for health benefits adopted herein, shall control the available health benefits during the term of this agreement, for active Police Officers.

Section 4.

Health care benefits for active Police Officers shall not be terminated, altered, modified or reduced during the term of the Agreement, except by amendments or successors to this Agreement.

Section 5.

It is understood and agreed that the provisions of this agreement and the Master Contract Document for health benefits have been drafted in substantial and material reliance upon existing provisions of federal and state law concerning employee health benefits. Any change in federal or state law or regulations which changes the obligations of either party, the applicability or extent of Medicare benefits, or materially alters the assumptions relied upon in negotiations shall entitle the City or the Association to reopen negotiations concerning health benefits.

Section 6.

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~~Effective January 1, 2022, B~~~~b~~argaining unit employees will continue to be offered two health plans (VALUE and CDHP) with plan designs and employee contributions described in this Article 30 with the understanding that IRS required changes will be implemented in accordance with required laws or regulations and not covered by Section 5 of this Article. ~~below:~~

Cost-Sharing Item		VALUE PLAN		CDHP PLAN	
		In Network	Out of Network	In Network	Out of Network
Annual Deductible	Individual	~~$500~~ $750	~~$1,500~~$2,000	~~$3,400~~$3,900	~~$4,500~~$5,000
	Family	~~$1,000~~$1,500	~~$3,000~~$6,000	~~$6,000~~$7,800	~~$9,000~~$10,000
Co-insurance %		20%	40%	0%	0%
Max out-of-Pocket (Includes deductible and copay)	Individual	~~$1,500~~$2,250	~~$3,000~~$4,000	~~$3,400~~$3,900	~~$4,500~~$5,000
	Family	~~$3,000~~$4,500	~~$6,000~~$12,000	~~$6,000~~$7,800	~~$9,000~~$10,000
Office Visit Copay		$25 PCP-$50 SPEC	40% after deductible	0% after deductible	0% after deductible
Emergency Room Co-Pay		$250 co-pay, then 20% insurance, co-pay waived if admitted	$250 co-pay, then 20% insurance, co-pay waived if admitted	0% after deductible	0% after deductible
Urgent Care Center Co-pay		$50	40% after deductible	0% after deductible	0% after deductible
Pharmacy	Separate Brand Drug Deductible or out-of-pocket cap	$100	40% after deductible	0% after deductible	0% after deductible
	Rx - 30 day Tier 1/Tier2/Specialty	$10/$25/$40		0% after deductible. Prev Drugs subject to Copay $10/$25/$40	
	Rx - 90 day Tier 1/ Tier 2	$20/$50		0% after deductible. Prev Drugs subject to Copay $20/$50	

The two plans are covered in detail in Attachment 5 and the Master Contract Document (Attachment 6) which are the controlling documents.

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Employee Monthly Contributions						
	2027		2028		2029	
	Value	CDHP	Value	CDHP	Value	CDHP
EE Only	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
EE & Spouse	$195.1	$0.0	$214.6	$40.0	$225.33	$42.0
EE & Children	$130.8	$0.0	$143.8	$20.0	$150.99	$21.0
EE &Family	$323.7	$0.0	$356.1	$80.0	$373.91	$84.0

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Health Savings Account Contributions of $1,825 for CDHP will be made each year of the contract and ~~will~~ continue during evergreen.

The above years are plan (currently calendar) years. In 2028, employee contributions for dependent coverage for the CDHP Plan will increase by $20 per month for Employee plus Children, $40 per month for Employee plus Spouse, and $80 for Employee plus Family. Starting in 2029 employee monthly contributions~~Mmonthly contributions~~ will increase by 5~~10~~% over the prior year's contribution every year during the life of the agreement including evergreen. Out of network claims will be capped at the in network allowable amounts under both the Value and CDHP plans.

Bargaining unit employees will be offered access to the Benefit Value Advisor (BVA) provided through the City's medical plan. This specialized service helps employees navigate their health care options, compare provider costs, schedule appointments, and maximize health plan benefits.

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~~Effective January 1, 2023, the~~ The pharmacy coverage is as outlined in the CVS Value formulary or its equivalent if a new Pharmacy Benefit Manager (PBM) is selected during the contract term. Effective January 1, 2027, bargaining unit employees enrolled in the health plan will have the option to participate in the PrudentRx program for select specialty drugs as long as the program is available under the City's PBM.

Non-Emergent services provided at Free Standing Emergency Rooms are excluded from coverage.

Any direct contracted relationship for Direct Primary Care or City sponsored clinic services agreed to prior to September 30, 2029, will be accepted if the Association's designee is included in the deliberations and/or procurement process.

To recognize efforts made by bargaining unit employees to reduce the costs of healthcare, the City will share the savings as outlined here. If the City determines the total cost of medical and pharmacy claims are below the adopted budget amount for medical and pharmacy claims for the

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bargaining unit for the fiscal year, the amount of savings equal to 50% of savings will be divided equally among the active Officers enrolled in either the VALUE or the CDHP plan and will be deposited as an additional contribution the Officer's HSA or FSA account the following calendar year.