

Summary of the State System's Current Economic Proposals Offered to APSCUF Faculty

Base Salary Adjustments

Regular Faculty

2016/17	Fall 2016 ¹ — General Pay Increase (GPI) of 2.75% Spring 2017— One-time cash payment of \$1,000 for full-time; prorated for part-time
2017/18	Fall 2017 ¹ —GPI of 2.0% Spring 2018 ² —Step or Cash (2.5%) for those at top of pay scale
2018/19	Fall 2018 ¹ —GPI of 2.5% Fall 2018 ¹ —Step or Cash (2.5%) for those at top of pay scale

Temporary Faculty

2016/17	Fall 2016 ¹ — General Pay Increase (GPI) of 1.0%
2017/18	Fall 2017 ¹ — General Pay Increase (GPI) of 1.0%
2018/19	Fall 2018 ¹ — General Pay Increase (GPI) of 1.0%

Overview of Health Care Benefit Changes and Timing

Effective January 1, 2017

- Freeze enrollment in the four regional HMOs (no new enrollments)
- Modification of the PPO Blue plan design to include an in-network deductible of \$250 individual/\$500 family and 10% member coinsurance up to an out-of-pocket maximum of \$1,000 individual/\$2,000 family (and increases to the out-of-network deductible, member coinsurance, and out-of-pocket maximums) for certain medical services.
- Increase full-time employee premium contributions as follows:
 - 15% to 18% for Healthy U participants
 - 25% to 28% for Healthy U nonparticipants
- Increase retail (30-day supply) prescription drug copayments as follows:
 - From \$5 to \$10 for generic drugs
 - From \$18 to \$30 for brand formulary
 - From \$36 to \$50 for brand non-formulary
- Copayments for mail order (90-day supply) of two times the retail copayments

Effective July 1, 2017

- Eliminate Keystone East HMO, Keystone Central HMO, and Geisinger HMO plans. The UPMC HMO will remain in place for all members who were enrolled prior to January 1, 2017. The UPMC HMO plan design will be modified in the same manner as the PPO, including member deductibles, coinsurance, and copays.
- Modify the additional contribution for nonparticipants in the wellness program to be the lesser of 10% of the premium applicable to the tier of coverage or an additional contribution equal to 30% of the single premium.
- Implement the proposed drug management programs (Managed RX, Mandatory Specialty Pharmacy, expansion of Prior Authorization program).
- Annuitant healthcare plan benefits for future pre-Medicare eligible retirees shall be those in effect for active employees and will change as active employee benefits change.

Effective January 1, 2019

- For faculty members hired on or after January 1, 2019, provide retiree healthcare coverage for up to five years upon retirement or until the retiree attains Medicare eligibility, whichever occurs first. This provision shall remain in effect until such time as the Commonwealth enters into an agreement with its largest union to reduce further or cease the retiree healthcare benefits for its current or future employees. At such time, this agreement's provision will be modified in accordance with the Commonwealth's restructured retiree healthcare benefit.

Contractual Changes

Article 23 A.1.e—Internship Supervision, change workload equivalence from 1/3 to 1/5 workload hour. All Tentative Agreements reached through October 16, 2016, remain. State System and APSCUF withdraw all other outstanding proposals.

¹ Fall adjustments occur at beginning of fall semester.

² Spring adjustments occur at the 11th and 14th pay periods. Does not apply to faculty promoted in the fall.