

Memorandum of Understanding
Between Group Health and Unions United, a coalition of unions at Group Health that includes SEIU Healthcare
1199NW, UFCW Local 21, and OPEIU Locals 8 and 23

Medical Benefit

The parties to this Memorandum of Understanding (“MOU”) agree that Group Health Cooperative (“Group Health”) will provide medical benefits to eligible union-represented staff in accord with the health plan design developed and agreed to by the parties during the Unions United Benefits Coalition bargaining which resulted in a comprehensive program to encourage overall employee wellness (“Total Health”). The health plan design for Total Health will be maintained through 2017 (See attached Appendix A) and will be incorporated in the Summary Plan Description (“SPD”).

The parties agree that union-represented employees who earn the required credits in each applicable year shall pay a premium that is less than the premiums paid by union-represented employees who do not participate in Total Health and earn the required credits. Premium costs for both participants and non-participants are set forth in Appendix B.

New Participants

Any union-represented employee entering the benefit plan after January 1 of any year will qualify for the lower participant rate for premiums paid in the following year. They do not need to complete their health screenings or take any other action. However, an employee on the benefit plan on or after October 1 of any given program year (October 1 – September 30) must complete the Total Health requirements for that year in order to receive the lower premium the following year. To qualify for the lower participant premium after this the employee must meet the credit requirements for the applicable year. The intent of this paragraph is that no employee would be required to complete all the activities in less than nine (9) months from entering the benefit plan.

Spousal/Domestic Partner Surcharge

Spouses/domestic partners of employees who decline coverage offered through the spouse’s employer may enroll in the GHC plan through the employee at an additional premium cost of \$100 per month effective January 1, 2015. The spousal/domestic partner surcharge will not apply under these conditions:

1. The employee’s spouse or domestic partner (DP) is not employed
2. The employee’s spouse or DP is employed and enrolls in their own employer’s coverage (coordination of benefits would take effect between both plans)
3. The employee’s spouse or DP is employed but his/her employer does not offer medical coverage
4. The employee’s spouse or DP is not eligible to receive medical coverage from his/her employer.

The employee will be asked to attest that one of these conditions is true. The failure to provide the attestation will result in the surcharge being applied.

Appeal Process

Group Health will notify employees regarding whether they qualify for a lower participant rate by October 31, of every year. An employee wishing to appeal a determination must submit a written appeal to Human Resources department by 180 days from the date they were notified of their participant rate for the following year. Human Resources will notify employees of appeals decisions within 30 days.

The parties agree that from 2013 through 2017, the project manager of the Total Health wellness program will review and issue a decision in the first level of appeal for union-represented employees who challenge qualification for the lower participant premium. If the project manager of the Total Health wellness program denies a first level appeal, an employee can request a second level review by the Appeals Committee. A request for a second level review must be submitted in writing to the Appeals Committee within 30 days of the employee’s receipt of the first level decision. If the employee disagrees with the Appeals Committee’s decision, then the employee may request a review by the third party determined by the Appeals Committee for a third level review. A request for a third level review must be submitted in writing to the Appeals Committee within 30 days of the employee’s receipt of the second level decision. The decision of the third party shall be final and binding on the employee, the union that represents the employee, and Group Health. Notwithstanding the grievance and arbitration provisions of any collective bargaining agreement or the claims and appeals procedures set

forth in the SPD, the appeal process set forth herein shall be the sole avenue for resolving any disputes regarding whether or not an employee qualifies for a lower participant premium.

The Appeals Committee will be comprised of 3 members from the union coalition, 3 members from the Administration, with alternates for each member, and a representative from Labor Relations, who will chair the committee and be the deciding vote in case of a vote that is tied. The Appeals Committee will review appeals at the second level based on the eligibility criteria of the Plan. At least 2 voting members (1 from union and 1 from Administration) and the Chair are needed for a quorum to hold a meeting.

Dental Plan

Dental plans and employee cost share percentages currently in place will continue through 2017.

Benefits Labor Management Committee

The parties agree to continue a Benefits Labor Management Committee ("BLMC") to meet at least quarterly to discuss issues related to medical and dental benefits. The BLMC will be comprised of employee representatives from all the bargaining units in the coalition in addition to union staff representatives. Management representatives will include the employee benefits manager, the wellness coordinator and Group Health Labor Relations representatives. The BLMC will review and provide input regarding various aspects of Total Health, including data relating to utilization, costs and plan requirements. The BLMC will also review and provide input regarding dental renewals, plan design and cost.

Nondiscrimination

The parties agree that participation or non-participation in Total Health will not impact job performance evaluations, nor will there be any penalty or discrimination based upon participation or non-participation in the program.

Termination and Renewal

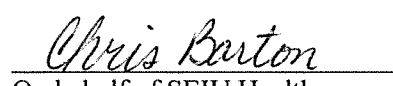
This MOU shall be in full force and effect until the expiration date of December 31, 2017, and shall continue in effect from year to year thereafter unless any party gives notice, in writing, no earlier than December 1, 2016 and no later than December 31, 2016 of its desire to terminate or modify such Agreement; provided that, in the event that any party serves written notice in accordance with this Section, any strike or stoppage of work after the expiration date shall not be deemed in violation of any provision of this Agreement, or any other provision of an existing collective bargaining agreement between the parties. . It is anticipated that existing collective bargaining agreements between the parties will expire prior to the expiration of this MOU. The terms set forth in this MOU shall not be subject to bargaining during the negotiations for the collective bargaining agreements unless both parties agree in advance.

No later than March 30, 2017, any party to this agreement may terminate their participation in the Benefits Coalition and shall have the right to propose to modify existing terms or provisions of the health plan as provided in this MOU; and separate from any other agreements that may be reached.

The parties to this agreement acknowledge the time-sensitive nature of implementing any successor agreements that would require health plan or wellness program changes in 2018. As a result, the unions and Group Health commit to completing negotiations by June 30, 2017.


On behalf of Group Health Cooperative

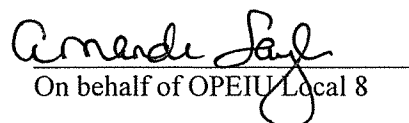
10/9/13
Date


On behalf of SEIU Healthcare
1199NW

10-9-13
Date


On behalf of UFCW Local 21

10/9/13
Date


On behalf of OPEIU Local 8

10-9-13
Date


On behalf of OPEIU Local 23

10/9/2013
Date

Appendix A

Benefit Summary

Group Health - Total Health Union Plan

Group Number: 1206900/4206900

Effective Date: 1/1/2014

This is a brief summary of benefits based on current information, not to be mistaken for a contract or Certificate of Coverage. This summary is for general information purposes only. Based on final benefit determinations, Group Health reserves the right to modify, this summary, in whole or in part.

Benefits	Inside Network
Annual plan deductible	Employee pays \$100 individual /\$200 family
Plan coinsurance	No plan coinsurance
Annual Out-of-pocket limit	\$1,000 individual /\$2,000 family (all cost shares for covered services count towards this limit)
Lifetime maximum	unlimited
Office visit - primary	\$15 copay (increase to \$20 in 2016) Includes, but is not limited to, family practice, general practice, internal medicine, nutrition, obstetrics & gynecology, occupational medicine, osteopathy, pediatrics, respiratory therapy, urgent care, and women's health care
Office visit - specialty	\$20 copay (increase to \$25 in 2016) Includes, but is not limited to, allergy & immunology, anesthesiology, cardiology, critical care medicine, dentistry, dermatology, endocrinology, gastroenterology, genetics, hepatology, infectious disease, neonatal-perinatal medicine, nephrology, neurology, nematology/oncology, ophthalmology, ENT/otolaryngology, pathology, physiatry, podiatry, pulmonary medicine/disease, radiology (nuclear medicine/radiation), rheumatology, sports medicine, general surgery (all specific surgeries) and urology
Hospital services	Inpatient: \$100 copay, per admit Outpatient: \$50 copay
Prescription drugs (some injectable drugs may be covered under outpatient services)	\$15 generic/\$30 copay brand for 30-day supply Certain chronic condition medications (determined by GHC) subject to a \$5 copay for 30-day supply
Prescription mail order	\$5 discount per 30 day supply. Copay waived for 90-day supply of certain chronic condition medications.
Ambulance services	Plan pays 80%, you pay 20%
Chemical dependency	Inpatient: \$100 copay, per admit
Devices, equipment, and supplies <ul style="list-style-type: none"> - Durable medical equipment - Orthopedic appliances - Post-mastectomy bras limited to two (2) every six (6) months - Ostomy supplies - Prosthetic devices 	20% coinsurance, with cost shares waived for specific devices
Diabetic supplies	Insulin, needles, syringes and lancets – see prescription drugs External insulin pumps, blood glucose monitors, testing reagents and supplies – see devices, equipment and supplies. When devices, equipment and supplies or prescription drugs are covered

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	When devices, equipment and supplies or prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and x-ray services	Inpatient: covered under hospital services Outpatient: covered in full. \$50 copay for high-end imaging (MRI, CT, PET), up to \$200 maximum per calendar year. High-end radiology imaging services such as CT, MRI and PET must be medically necessary, and requires prior authorization except when associated with emergency or inpatient services.
Emergency services (copay waived if admitted)	\$100 copay at a designated facility \$150 copay at a non-designated facility
Hearing hardware	Plan pays \$300 per ear every 36 months
Manipulative therapy	Subject to office visit copay. Covered up to 10 visits per calendar year without prior authorization.
Massage services	See rehabilitation services
Maternity services	Inpatient: \$100 copay, per admit Outpatient: subject to office visit copay. Routine care not subject to copay.
Mental health	Inpatient: \$100 copay, per admit Outpatient: Covered in full for the first ten (10) visits, all additional visits are covered subject to the office visit copay.
Naturopathy	Subject to office visit copay. Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by plan.
Organ transplants Donor search & harvest applies to lifetime max	Unlimited, no waiting period Inpatient: \$100 copay, per admit Outpatient: subject to office visit copay
Preventive care Well-care physicals, immunizations, pap smear exams, mammograms	Covered in full
Rehabilitation services (occupational, speech, physical including services for neurodevelopmentally disabled children)	Inpatient: \$100 copay, per admit; 60 days per calendar year Outpatient: subject to office visit copay; 60 visits per calendar year Rehabilitation visits are a total of combined therapy visits per calendar year.
Skilled nursing facility	Covered in full, up to 60 days per calendar year
Sterilization (vasectomy, tubal ligation)	Inpatient: \$100 copay, per admit Outpatient: subject to office visit copay
Temporomandibular Joint (TMJ) services	Inpatient: \$100 copay, per admit Outpatient: subject to office visit copay Plan pays \$1,000 per calendar year; \$5,000 lifetime maximum
Tobacco cessation	Quit for Life program – covered in full
Optical hardware Lenses, including contact lenses and frames	Plan pays \$150 per 12 months

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Appendix B

Wellness credits and premium costs

Wellness Plan –The Total Health wellness plan will focus on cardiovascular health (heart health) beginning in 2014. Key heart health factors are body mass index (BMI), blood pressure (BP), and tobacco use (nicotine). The Wellness Plan will provide medical premium discounts by earning “cardio credits” (rather than points). The four key areas of the plan are:

- Health Screenings,
- Health Assessments,
- Journeys,
- Cardio Credits

- **Health Screenings** – Health screenings will be required by the employee to earn a discount on the medical plan premium. The screening will provide employees with their key numbers (BMI, BP and nicotine) to better manage their health. Healthy ranges are as follows:
 - **Nicotine** is no tobacco use
 - **Blood Pressure** is less than or equal to 140/90 mmHg
 - **BMI** is less than 30 or there is a 5% body weight loss from prior year’s results.

Screenings administered by a third party will be available annually at GHC sites for convenience. Or, numbers can be verified by the employee’s normal health care team by completing the *Health care provider form*.

- **Health Assessments** – To be eligible for a premium discount, employee and their enrolled spouses/partners are required to complete the online Health Assessment. The assessment gives a health score indicating potential for improvement and recommendations for action. The recommendations are called “Journeys”.
- **Journeys** – Employee can earn cardio credits by taking a journey. A journey is a personalized online tool to help individuals engage in activities and track progress towards their health goals. Journeys focus on nutrition, weight management, physical activity and better management of chronic conditions.
- **Cardio Credits** - Employees will have an opportunity to qualify for a discount on medical plan premiums by earning cardio credits. One cardio credit is equal to one dollar. The health assessment is required to be completed by the employee and spouse or partner every year to be eligible for a discount. The health screening is also required to be completed by the employee every year to be eligible for a discount.
 - **The 2014 year:** The employee must earn 750 cardio credits by completing: **1)** health screening to learn their numbers (required), **2)** complete the online health assessment (500 cardio credits) and **3)** earn the remaining 250 cardio credits either through journeys or by participating in Quit for Life® tobacco cessation program or Weight Watchers®. These 750 cardio credits will be required to receive the 2015 premium discount of \$750. In addition the spouse or partner must complete the health assessment.
 - **The 2015 – 2017:** Employees must complete a health screening, and be within a healthy range or make progress towards the healthy ranges, and a health assessment. If the employee is not within a healthy range, then they can earn cardio credits through actions outlined in the table below. As long as the employee completed the health screening and the health assessment (and if applicable, your spouse or partner has completed the health assessment), the cardio credits you earn will then be applied to the standard premium the following year up to the maximum discount amount. In some circumstances it might not be medically advisable for a participant to be within the healthy range. So to earn cardio credits, the *Health care provider form* will allow the participant and their health care team to determine the best course of action.

The online health assessment, journeys and point tracking will be available through a new wellness website that will launch in 2014.

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Activity	2014 (Jan 1, 2014 to Sept 30, 2014)	2015 (Oct 1, 2014 to Sept 30, 2015)	2016 (Oct 1, 2015 to Sept 30, 2016)	2017 (Oct 1, 2016 to Sept 30, 2017)
Health Assessment	Required for discount	Required for discount	Required for discount	Required for discount
Nicotine screening/ healthy range	500 cardio credits for screenings	250 cardio credits	300 cardio credits	400 cardio credits
BMI screening/ healthy range		125 cardio credits	150 cardio credits	200 cardio credits
BP screening/ healthy range		125 cardio credits	150 cardio credits	200 cardio credits
Health Journey	125 cardio credits/ 2 max	125 cardio credits/ 3 max	150 cardio credits/ 3 max	200 cardio credits/ 3 max
Weight Watchers	125	125 cardio credits	150 cardio credits	200 cardio credits
Quit for Life	125	250 cardio credits	300 cardio credits	400 cardio credits
Total cardio credits available	1,000	1,250	1,500	2,000
Cardio credits needed for maximum discount	750	750	900	1200
Discount available	*\$750 discount (all or nothing) on 2015 premium	*Discount is based on credits earned up to \$750 maximum discount on 2016 premium	*Discount is based on credits earned up to \$900 maximum discount on 2017 premium	*Discount is based on credits earned up to \$1200 maximum discount on 2018 premium

***Required activities to be eligible for a premium discount:**

- Employee must complete the Health assessment and the screenings (Nicotine, BMI and BP) each year to be eligible for any premium discount.
- Spouse or partner must complete the Health Assessment each year in order for the employee to be eligible for any premium discount.

Standard premium WITHOUT discount

	2014	2015	2016	2017
Employee only	\$60.83/mo	\$82.50/mo	\$82.50/mo	\$105/mo
Employee + spouse/partner	\$85.83/mo	\$107.50/mo	\$107.50/mo	\$130/mo
Employee + children	\$85.83/mo	\$107.50/mo	\$107.50/mo	\$130/mo
Family	\$115.83/mo	\$137.50/mo	\$137.50/mo	\$160/mo

Discounted premium after applying *MAXIMUM* cardio credits

	2014 (\$550 earned in 2013)	2015 (\$750 earned in 2014)	2016 (\$750 earned in 2015)	2017 (\$900 earned in 2016)
Employee only	\$15/mo	\$20/mo	\$20/mo	\$30/mo
Employee + spouse/partner	\$40/mo	\$45/mo	\$45/mo	\$55/mo
Employee + child	\$40/mo	\$45/mo	\$45/mo	\$55/mo
Family	\$70/mo	\$75/mo	\$75/mo	\$85/mo

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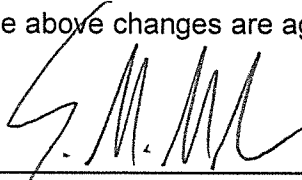
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Memorandum of Understanding
Between Group Health Cooperative and Unions United, a coalition of unions at Group Health
that includes SEIU Healthcare 1199NW, UFCW Local 21, and OPEIU Locals 8 and 23

The parties to this Memorandum of Understanding ("MOU") entered into the "Total Health Memorandum of Agreement" dated 10/9/2013 which delineates the medical and dental benefits for union-represented Group Health employees for the time period 2014 through 2017. The purpose of this MOU is to amend that "Total Health Memorandum of Agreement" as follows:


In Appendix B in the Activity Chart, adjust the reference to "Health Journey" to include a "Track Option" effective October 1, 2014. Such Track Option can only be used once in place of completing one of the three Health Journey options.

The above changes are agreed to by the parties as stated below:



On Behalf of Group Health
Cooperative

7-22-14
Date



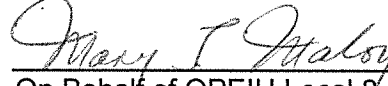
On Behalf of SEIU Healthcare
1199NW

7-28-14
Date



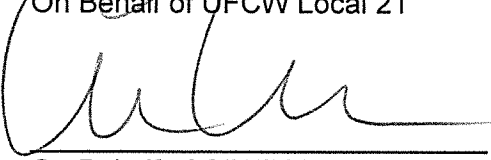
On Behalf of UFCW Local 21

8/6/14
Date



On Behalf of OPEIU Local 8

8/5/14
Date



On Behalf of OPEIU Local 23

8/7/14
Date