MATC Vision

Milwaukee Area Technical College is committed to being a world-class educational institution that empowers students, faculty, and staff to realize their potential.

December 6, 2007

NOTICE TO RESIDENTS OF THE MILWAUKEE AREA TECHNICAL COLLEGE DISTRICT, WISCONSIN

A special meeting* of the MILWAUKEE AREA TECHNICAL COLLEGE DISTRICT BOARD, WISCONSIN, will be held in the BOARD ROOM, ROOM M210, of MILWAUKEE AREA TECHNICAL COLLEGE, 700 WEST STATE STREET, MILWAUKEE, WISCONSIN, on MONDAY, DECEMBER 10, 2007, beginning at 4:30 P.M. The agenda** for said meeting is presented as follows:

A. Roll Call

B. Compliance with the Open Meetings Law

C. Comments from the Public

D. Collective Bargaining Update and Resolution (BD0006-12-07) to Approve Tentative Labor Agreement between MATC and Local 715, IBEW, AFL-CIO***

E. Board May Reconvene into Open Session to Take Action on Matters Discussed in Closed Session under Item D.

* This meeting may be conducted in part by telephone. Telephone speakers will be available to allow the public to hear those parts of the proceedings that are open to the public.

** Action may be taken on any agenda item, whether designated as an action item or not. Agenda items may be moved into Closed Session for discussion when it becomes apparent that a Closed Session is appropriate under Section 19.85 of the Wisconsin Statutes. The board may return into Open Session to take action on any item discussed in Closed Session.

*** It is anticipated that this item may be discussed in Closed Session pursuant to Section 19.85(1)(e) of the Wisconsin Statutes since it involves discussions related to collective bargaining and as further referenced in Section 19.82(1) of the Wisconsin Statutes.

Reasonable accommodations are available through the ADA Office for individuals who need assistance. Please call 414-297-6221 to schedule services at least 48 hours prior to the meeting.
RESOLUTION (BD 0006-12-07) TO APPROVE LABOR AGREEMENT BETWEEN MATC AND LOCAL 715, IBEW, AFL-CIO

WHEREAS, the Milwaukee Area Technical College District Board has entered into negotiations with Local 715, IBEW, AFL-CIO (hereinafter “Local 715”); and

WHEREAS, the Board representatives have reached a tentative three-year agreement (2006-2009) with representatives of Local 715; and

WHEREAS, Local 715 has ratified the tentative labor agreement on November 28, 2007; and

WHEREAS, the Board has reviewed the terms and conditions of said agreement as summarized in the attached Package Settlement Proposal, Local 715; therefore,

BE IT RESOLVED, that the Milwaukee Area Technical College District Board hereby accepts and approves the agreement reached by MATC and Local 715 bargaining unit, and authorizes signatures representing the MATC District Board and the Administration on the approved agreement, at which time said agreement shall be incorporated by reference to this resolution.

Attachment
Summary of Package Settlement Proposal FY 2006-09 Labor Agreement
MATC & Local 715, IBEW

I. Wages and Benefits
   A. Provide salary increase of:
      2.75% July 1, 2006
      3.25% July 1, 2007
      3.25% July 1, 2008

II. Healthcare & Dental- Active Full-time Employees
   A. Employee premium sharing (effective 12/1/07)
      i. High Level PPO Plan: $27.50/mth (single plan); $55.00/mth (family plan)
      ii. HMO Plan: $32.50/mth (single plan); $65.00/mth (family plan)
   B. Plan Design Changes (effective 1/1/08) – As set forth in attached chart.
   C. Domestic same sex partner healthcare and dental coverage (dependents excluded) for those meeting benefit program requirements.
   D. Discontinuation of the Humana Advantage HMO Plan effective 1/1/08
   E. Implement Patient Advocate Program effective 1/1/08 (Quantum Health).
   F. Healthcare opt-out option- $525 per year effective 1/1/08.
   G. No new members to Care Plus Dental Plan.
   H. Dental benefit cap increased to $2,500 effective 1/1/08.
   I. Vision Coverage – One routine eye exam and up to $125 for hardware per year effective 1/1/08.

III. Healthcare & Dental- Retirees
   A. Current employees retiring on or before 6/30/07- subject to plan design changes; no premium sharing prior to Medicare eligibility or age 65; at Medicare eligibility or age 65 pay one-half cost of Medicare supplement.
   B. Current employees retiring on or after 7/1/08 – subject to plan design changes; premium sharing at same rate last paid as an employee prior Medicare eligibility or age 65; at Medicare eligibility or age 65 pay one-half cost of Medicare supplement.
   C. Employees hired/rehired after ratification date- age requirement increased to 60; employee pays the greater of the percentage last paid as an employee or 10% until Medicare eligibility or age 65; at Medicare eligibility or age 65 employee pays 100% of premium.
   D. Retiree domestic same sex partner coverage for employees (dependents excluded) retiring on or after 1/1/08; prospective coverage only beginning with next open enrollment.
IV. **Other Terms and Conditions**

A. Modified starting times on work shift windows.
B. Clarified language in management rights clause regarding co-productions.
C. Added a successor clause that allows District to transfer operation of the station provided that continuation of the labor contract is a condition of any such transfer.
D. Added language that allows the District to modify benefit and insurance plans provided coverage remains similar and comparable.
F. All tentative agreements previously agreed upon; status quo on balance of the contract.
### APPENDIX H
MATC Plan Design Changes
Local 715, IBEW
November 28, 2007

<table>
<thead>
<tr>
<th></th>
<th>Current PPO</th>
<th>Proposed Plan #1 – “High Level” PPO</th>
<th>Proposed Plan #2 – “Lower Level” PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual In-network/Out-of-network deductible</strong></td>
<td>$200 indiv/$400 family</td>
<td>$250 indiv/$500 family</td>
<td>$1250 indiv/$2500 family</td>
</tr>
<tr>
<td><strong>Co-insurance %</strong></td>
<td>* 90% in-network/80% out-of-network</td>
<td>* 90% in-network/80% out-of-network</td>
<td>80% in-network/50% out-of-network</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>In-network: $300 indiv/$600 family; Out-of-network: $500 indiv/$800 family</td>
<td>In-network: $350 indiv/$700 family; Out-of-network: $550 indiv/$900 family</td>
<td>In-network or out-of-network: $2000 indiv/$4000 family</td>
</tr>
<tr>
<td><strong>Rx Coverage</strong></td>
<td>$5 generic/$10 brand for 30 day supply; 1 co-payment for 90-day mail order</td>
<td>$5 generic/$15 brand for 30-day supply; 1 co-payment for 90-day mail order</td>
<td>All covered expenses are subject to deductible, then coinsurance, then out-of-pocket limits</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Co-payment</strong></td>
<td>$50 per admission</td>
<td>$50 per admission</td>
<td>All covered expenses are subject to deductible, then coinsurance, then out-of-pocket limits</td>
</tr>
<tr>
<td><strong>Emergency Room Co-payment</strong></td>
<td>$50 per visit; waived if admitted from ER or Urgent Care</td>
<td>$75 per visit; waived if admitted from ER or Urgent Care</td>
<td>All covered expenses are subject to deductible, then coinsurance, then out-of-pocket limits</td>
</tr>
<tr>
<td><strong>Surgical Procedures for Obesity</strong></td>
<td>Covered when medically necessary</td>
<td>Covered when medically necessary</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Employee Payroll Contributions</strong></td>
<td>$0</td>
<td>$27.50 per month for single or $55.00 per month for family coverage effective 12/1/07.</td>
<td>$0</td>
</tr>
</tbody>
</table>

* For those services currently at 90/80.
<table>
<thead>
<tr>
<th>Terms</th>
<th>Current “Premiere” HMO</th>
<th>Proposed HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital co-payment</td>
<td>$25 per admission</td>
<td>$50 per admission</td>
</tr>
<tr>
<td>Rx coverage</td>
<td>$5 generic/$10 preferred or non-preferred brand</td>
<td>$5 generic/$15 brand; 90 day included; smoking cessation included</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>$50 co-payment – waived if admitted or referred by urgent care physician</td>
<td>$75 co-payment – waived if admitted or referred by urgent care physician</td>
</tr>
<tr>
<td>Physician Office Visits (includes chiropractors)</td>
<td>$10 co-payment/visit – all providers</td>
<td>$15 co-payment/visit – all providers</td>
</tr>
<tr>
<td>Health Counseling</td>
<td>$10 co-payment/office visit</td>
<td>$15 co-payment/office visit</td>
</tr>
<tr>
<td>Surgical Procedures for Obesity</td>
<td>Covered when medically necessary and network providers are used</td>
<td>Covered when medically necessary and network providers are used</td>
</tr>
<tr>
<td>Employee Payroll Contributions</td>
<td>$0</td>
<td>$32.50 per month for single or $65.00 per month for family coverage effective 12/1/07.</td>
</tr>
</tbody>
</table>

The effective date of a Patient Advocate/Community Care Coordinator provision will coincide with the effective date of other plan design changes. Plan design modifications needed to achieve program effectiveness are as included on the attachment.

Co-pays, deductibles, and out of pocket maximums to be administered as presently required.