

Health Care Agreement by and between Lansing Community College (LCC) and
Lansing Community College Health Care Task Force Labor Coalition
November 7, 2023

1. Maintain all current plans offered by WMHIP as specified below (see the attached premium rates for calendar year 2024):
 - a. For Full-time Employees
 - i. Blue Cross PPO Select \$500/\$1000 Deductible Plan
 - ii. PPO Versatile \$250/\$500 Deductible Plan with 90/10 Co-insurance
 - iii. Blue Cross Flexible Blue High Deductible Plan \$1600/\$3200
 - iv. PPO3 Versatile \$1000/\$2000 Deductible Plan with 80/20 Co-insurance
 - v. WMHIP Essential HDHP \$3000/\$6000 with 80/20 Co-insurance
 - b. For Part-time Legacy Employees :
 - i. PPO Versatile \$250/\$500 Deductible Plan with 90/10 Co-insurance
 - ii. Blue Cross Flexible Blue High Deductible Plan \$1600/\$3200
 - iii. WMHIP Essential HDHP \$3000/\$6000 with 80/20 Co-insurance
 - c. For Part-time ACA Eligible Employees:
 - i. PPO Versatile \$250/\$500 Deductible Plan
 - ii. Blue Cross Flexible Blue High Deductible Plan \$1600/\$3200
 - iii. WMHIP Essential HDHP \$3000/\$6000 with 80/20 Co-insurance
2. This agreement is subject to ratification by the Board of Trustees and each bargaining unit, independently, by no later than November 27, 2023, with submission to the Board no later than November 30, 2023 for the December, 2023 Board meeting. The resultant changes for each bargaining unit will be implemented effective January 1, 2024.
3. Part-time employees are eligible for Employee Only dental and vision insurance coverage through the College when they become non-probationary (for administrators and support staff) or Associate Continuing Contract (for faculty). If elected, coverage is effective the first of the month following eligibility.
4. Part-time employees covered under ACA shall receive a minimum of \$576 per month premium contribution towards the employees' premiums in a College sponsored plan. LCC may unilaterally increase this amount to avoid penalties under applicable laws or regulations.
5. Coverage for employees who have continued enrollment as Legacy under previous healthcare agreements shall be maintained.
6. In the event the ACA is rendered legally- or effectively-void during this agreement, those affected employees will fall under the legacy clauses of this agreement.
7. The College contribution toward annualized premium rates for both full time and part

time employees will be limited by the PA152 hard cap limits. In the event PA152 is eliminated or ended, the College and HCTF Labor Coalition will collaboratively determine appropriate percentage increases in college contributions for calendar year 2025. The parties agree to utilize the hard cap rates as [published](#) on March 21, 2023 for purposes of 2024, regardless of any legislative action relative to PA152.

8. Quarterly meetings will be scheduled the first week of January, April, July, and October, and additional meetings will be scheduled as deemed mutually beneficial to review and discuss healthcare related topics, including but not limited to: medical plan additional programs or services (e.g., 2nd.MD, Omada, Virta, Hinge Health, etc.); supplemental or voluntary benefit plans and options (e.g., critical illness, hospital indemnity, etc.); updates in coverage, options, or carriers for other benefits (e.g., dental, vision, life, disability, etc.).
9. Any party may re-open this agreement to consider carrier and/or plan design alternatives by serving written notice upon the designated representatives of all other parties and the Executive Director of Human Resources within 30 days of receipt of new annual rates from the applicable carriers.
10. The HR Benefits designee shall provide contact information of the applicable carrier to employees for the purposes of addressing health issues/concerns.
11. This agreement will be in effect until December 31, 2025.

Signatures:

DocuSigned by:

Dawn Cousins

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AFT Representative

DocuSigned by:

Garrett Marshalia-Laurain

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ASP Representative

DocuSigned by:

Kevin Slides

BE7CF84028EA445...

FMA Representative

DocuSigned by:

Eva Menefee

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MAHE Representative

DocuSigned by:

Chad Bickett

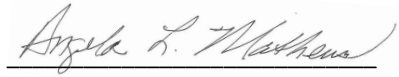
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POAM Representative

Chester Ostry

LCC Human Resources

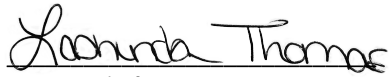
LCC Human Resources



LCC Board of Trustees- Chairperson

Dec 11, 2023

Date



LCC Board of Trustees- Secretary

Dec 11, 2023

Date

2024 Employee Health Insurance Premiums

January 1, 2024 - December 31, 2024

Full Time Employees

WMHIP PPO Select \$500/\$1000 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 889.60	\$ 247.70	\$ 123.85	\$ 641.90
Two Person	\$ 2,001.55	\$ 634.46	\$ 317.23	\$ 1,367.09
Family	\$ 2,490.85	\$ 789.55	\$ 394.78	\$ 1,701.30

WMHIP Versatile 3 PPO \$250/\$500 Deductible Plan with 90/10 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 813.69	\$ 171.78	\$ 85.89	\$ 641.91
Two Person	\$ 1,830.77	\$ 446.20	\$ 223.10	\$ 1,384.57
Family	\$ 2,278.32	\$ 555.28	\$ 277.64	\$ 1,723.04

WMHIP Flexible Blue \$1600/\$3200 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 754.81	\$ 112.91	\$ 56.46	\$ 641.90
Two Person	\$ 1,698.28	\$ 310.22	\$ 155.11	\$ 1,388.06
Family	\$ 2,113.22	\$ 386.00	\$ 193.00	\$ 1,727.22

WMHIP PPO Plan 3 \$1000/\$2000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 714.66	\$ 72.76	\$ 36.38	\$ 641.90
Two Person	\$ 1,607.95	\$ 231.66	\$ 115.83	\$ 1,376.29
Family	\$ 2,000.83	\$ 288.27	\$ 144.14	\$ 1,712.56

2024 Employee Health Insurance Premiums

January 1, 2024 - December 31, 2024

WMHIP Essential HDHP \$3000/\$6000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 638.86	\$ -	\$ -	\$ 638.86
Two Person	\$ 1,437.38	\$ 51.32	\$ 25.66	\$ 1,386.06
Family	\$ 1,788.59	\$ 63.86	\$ 31.93	\$ 1,724.73

ACA Part Time Employees (available to PT employees working 75% of FT workload)

WMHIP Versatile 3 PPO \$250/\$500 Deductible Plan with 90/10 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 813.69	\$ 237.01	\$ 118.51	\$ 576.68
Two Person	\$ 1,830.77	\$ 1,254.09	\$ 627.05	\$ 576.68
Family	\$ 2,278.32	\$ 1,701.64	\$ 850.82	\$ 576.68

WMHIP Flexible Blue \$1600/\$3200 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 754.81	\$ 178.13	\$ 89.07	\$ 576.68
Two Person	\$ 1,698.28	\$ 1,121.60	\$ 560.80	\$ 576.68
Family	\$ 2,113.22	\$ 1,536.54	\$ 768.27	\$ 576.68

WMHIP Essential HDHP \$3000/\$6000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 638.86	\$ 62.18	\$ 31.09	\$ 576.68

2024 Employee Health Insurance Premiums**January 1, 2024 - December 31, 2024**

Two Person	\$	1,437.38	\$	860.70	\$	430.35	\$	576.68
Family	\$	1,788.59	\$	1,211.91	\$	605.96	\$	576.68

Legacy Part Time Employees (eligible under previous healthcare agreement)

WMHIP Versatile 3 PPO \$250/\$500 Deductible Plan with 90/10 Coinsurance

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	\$ 813.69	\$ 393.76	\$ 419.93	\$ 209.97	\$ 813.69	\$ 406.85
Two Person	\$ 1,830.77	\$ 884.38	\$ 946.39	\$ 473.20	\$ 1,830.77	\$ 915.39
Family	\$ 2,278.32	\$ 1,101.94	\$ 1,176.38	\$ 588.19	\$ 2,278.32	\$ 1,139.16

WMHIP Flexible Blue \$1600/\$3200 Deductible Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	\$ 754.81	\$ 393.76	\$ 361.05	\$ 180.53	\$ 754.81	\$ 377.41
Two Person	\$ 1,698.28	\$ 884.38	\$ 813.90	\$ 406.95	\$ 1,698.28	\$ 849.14
Family	\$ 2,113.22	\$ 1,101.94	\$ 1,011.28	\$ 505.64	\$ 2,113.22	\$ 1,056.61

WMHIP Essential HDHP \$3000/\$6000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	\$ 638.86	\$ 393.76	\$ 245.10	\$ 122.55	\$ 638.86	\$ 319.43

2024 Employee Health Insurance Premiums January 1, 2024 - December 31, 2024

Two Person	\$	1,437.38	\$	884.38	\$	553.00	\$	276.50	\$	1,437.38
Family	\$	1,788.59	\$	1,101.94	\$	686.65	\$	343.33	\$	1,788.59

COBRA (Continuation) Coverage

Coverage	WMHIP PPO Select	WMHIP PPO Versatile	WMHIP Flexible Blue	WMHIP PPO Plan 3	WMHIP Essential HDHP
Single	\$ 907.39	\$ 829.96	\$ 769.91	\$ 728.95	\$ 651.64
Two Person	\$ 2,041.58	\$ 1,867.39	\$ 1,732.25	\$ 1,640.11	\$ 1,466.13
Family	\$ 2,540.67	\$ 2,323.89	\$ 2,155.48	\$ 2,040.85	\$ 1,824.36

2024 Employee Health Insurance Premiums

January 1, 2024 - December 31, 2024

Full Time Employees

Dental Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 37.90	\$ -	\$ -	\$ 37.90
Two Person	\$ 85.52	\$ -	\$ -	\$ 85.52
Family	\$ 102.64	\$ -	\$ -	\$ 102.64

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 50.49	\$ 12.59	\$ 6.30	\$ 37.90
Two Person	\$ 113.94	\$ 28.42	\$ 14.21	\$ 85.52
Family	\$ 136.75	\$ 34.11	\$ 17.06	\$ 102.64

Vision Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 4.30	\$ -	\$ -	\$ 4.30
Two Person	\$ 8.15	\$ -	\$ -	\$ 8.15
Family	\$ 11.72	\$ -	\$ -	\$ 11.72

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	\$ 9.73	\$ 5.43	\$ 2.72	\$ 4.30
Two Person	\$ 18.45	\$ 10.30	\$ 5.15	\$ 8.15
Family	\$ 27.12	\$ 15.40	\$ 7.70	\$ 11.72

2024 Employee Health Insurance Premiums

January 1, 2024 - December 31, 2024

Part Time Employees (Non-Probationary/Continuing Contract Status Only)

Dental Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	\$ 67.30	\$ 67.30	\$ 33.65	\$ -

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	\$ 74.13	\$ 74.13	\$ 37.06	\$ -

Vision Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	\$ 4.30	\$ 4.30	\$ 2.15	\$ -

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	\$ 9.73	\$ 9.73	\$ 4.87	\$ -

COBRA (Continuation) Coverage

Full Time Employees

2024 Employee Health Insurance Premiums January 1, 2024 - December 31, 2024

Coverage	Dental Basic Plan	Dental Premium Plan	Vision Basic Plan	Vision Premium Plan
Single	\$ 38.66	\$ 51.50	\$ 4.39	\$ 9.92
Two Person	\$ 87.23	\$ 116.22	\$ 8.31	\$ 18.82
Family	\$ 104.69	\$ 139.49	\$ 11.95	\$ 27.66

Part Time Employees

Coverage	Dental Basic Plan	Dental Premium Plan	Vision Basic Plan	Vision Premium Plan
Employee Only	\$ 68.65	\$ 75.61	\$ 4.39	\$ 9.92