

# City of San Antonio Collective Bargaining Proposal to San Antonio Professional Firefighters Association

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*Tuesday March 27, 2018*

# City of San Antonio Proposal

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- Employee contributes to cost of Healthcare
- Increases in Wages
- Elimination of City Contribution to Fire and Police Legal Trust Fund
- 6 month Evergreen

# Pay Increase Proposal

## 12% Pay Increase

<i>Year</i>	<b>Lump Sum</b>	<b>Recurring</b>	<b>Total</b>
<b><i>FY 2018</i></b>	3%		3%
<b><i>FY 2019</i></b>	1%	2%	3%
<b><i>FY 2020</i></b>		3%	3%
<b><i>FY 2021</i></b>		3%	3%
<b><i>Total</i></b>	4%	8%	12%

*All increases effective October 1, except for 2% recurring increase in FY 2019 is effective April 1.*

# Healthcare Proposal

## Employee Contributions

- Employees pay no premiums for themselves and contribute for their dependents

<i>Monthly Contributions to Healthcare</i>	
<b>Employee Only</b>	<b>\$0</b>
<b>Spouse</b>	<b>\$207.88</b>
<b>Child(ren)</b>	<b>\$138.59</b>
<b>Spouse plus Child(ren)</b>	<b>\$346.47</b>

- City's healthcare proposal to firefighters is better than other healthcare plans in large Texas Cities

# Healthcare Proposal

## Deductibles and Out-of-Pockets

Cost Sharing Item		IN Network	Out of Network
Annual Deductible	Individual	\$654	\$1,308
	Family	\$1,308	\$2,616
Coinsurance Percentage		20%	40%
Max. Out-of-Pocket (includes deductibles and co-pays)	Individual	\$2,482	\$4,964
	Family	\$4,964	\$9,928
Office Visit Co-Pay		\$25 PCP - \$50 SPEC	40% after deductible
Emergency Room Co-Pay		\$250	40% after deductible
Urgent Care Center Co-Pay		\$50	40% after deductible
Pharmacy	Separate Brand Drug Deductible	\$100	40% after deductible
	RX - 30 day Tier 1/ Tier 2 /Tier 3	\$10/\$25/\$40	
	RX - 90 day Tier 1/ Tier 2 /Tier 3	\$20/\$50/\$80	

# City Proposal Compared to Other Texas Cities - Firefighters

Name of Entity		Ft. Worth	Dallas	Austin	Houston	San Antonio Proposed
Number of Health Plan Options		2	2	3	3	1
Individual Deductible	Network	\$2,700 / \$1,500	\$3,000 / \$2,500	\$1500 / \$500 / NA	\$1,750 / \$750 / \$150	\$654
	Out-of-network	No Coverage	No Coverage	\$3,000 / \$1,500 / NA	\$3,500 / NA / NA	\$1,308
Family Deductible	Network	\$5,400 / \$3,000	\$9,000 / \$5,000	\$3,000 / \$1,500 / NA	\$3,500 / \$1,500 / \$450	\$1,308
	Out-of-network	No Coverage	No Coverage	\$6,000 / \$1,500pcp* / NA	\$7,000 / NA / NA	\$2,616
Individual Max OOP	Network	\$6,550 / \$6,000	\$6,350 / \$6,350	\$5,000 / \$4,000 / \$4,500	\$6,840 / \$4,500 / \$6,840	\$2,482
	Out-of-network	No Coverage	No Coverage	\$10,000 / 60% up to max / NA	\$12,000 / NA / NA	\$4,964
Family Max OOP	Network	\$13,000 / \$12,000	\$12,700 / \$12,700	\$6,850 / \$4,000pcp / \$4,500pcp	\$13,700 / \$9,000 / \$13,700	\$4,964
	Out-of-network	No Coverage	No Coverage	\$20,000 / 60% up to max / NA	\$24,000 / NA / NA	\$9,928
Coinsurance		50% after deductible	30% / \$0		20% to 40% / 30% No OON / NA	In network copays Out of network 40%
Monthly Employee Contributions	EE Only	\$0 / \$97	\$49 / \$75	\$0 / \$10 / \$20	\$116 / \$183 / \$137	\$0
	EE & Spouse	\$323 / \$477	\$431 / \$518	\$183 / \$382 / \$392	\$199 / \$409 / \$262	\$207.88
	EE & Children	\$231 / \$345	\$124 / \$221	\$91 / \$281 / \$291	\$265 / \$543 / \$349	\$138.59
	EE & Family	\$485 / \$667	\$539 / \$593	\$422 / \$641 / \$651	\$349 / \$768 / \$474	\$346.47
Health Savings Account		\$540 EE \$1,000 family / \$0	\$0 / \$1,000 HRA EE \$2,000 HRA Family	\$500 EE \$1,000 Family / NA / NA	\$500 HRA EE \$1,000 HRA Family / NA / NA	N/A

pcp=per covered person

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