

Saturday, August 17, 20124

## Attention all AT&T Members of CWA Local 9003

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We have compiled a list of frequently asked questions that came out of our recent Tentative Agreement explanation meetings.

NOTE - Local 9003's Executive Board is recommending a NO vote on the tentative agreement that was reached between CWA District 9 and AT&T.

### **FAQs (Frequently Asked Questions)**

- 1. How is the voting process being done?**
  - It is being done by mail-in ballot.
- 2. Is there an ETA for members to get a ballot?**
  - 08/20/2024 - Ballots will be mailed out to each member, at their address on file.
  - 09/04/2024 - Ballots are due back to the U.S.Post Office.
  - 09/06/2024 - Ballots will be counted.
  - Local 9003 will have replacement ballots in case anyone does not receive a Ballot.
  - Local 9003 is sending observers to the Ballot count.
- 3. When does the contract need to be ratified to get the \$500 Lump Sum?**
  - The contract needs to be ratified by 09/06/2024.
- 4. Will the \$500 Lump Sum be taxed?**
  - Yes
- 5. What is the Locals perspective on the TA?**
  - Local 9003 is recommending a NO vote.
- 6. Will the company be providing the members with a copy of the contract?**
  - The company will be providing a limited number of hard copies of the contract, but there will also be a QR code for those who want to download a soft copy (PDF) version.
- 7. Why can't new hires get pensions?**
  - New hires do get pensions. The new hire pension is the BCB2 plan.
- 8. Were there any talks about moving Prem Techs in to Appendix A?**
  - Yes, but the company has no interest in moving Prem Techs out of Appendix E.
- 9. What is considered Mandatory Overtime vs Incidental Overtime?**
  - Mandatory Overtime is when the company requires you to work beyond your regular hours.
  - Incidental Overtime is when you are working on a job that you will not complete before the end of your shift which causes you to run over in order to complete the job.
  - Regardless of the type of overtime you work, (mandatory or incidental) it all still counts towards the overtime cap.
- 10. Did anything change as far as scope of work for the Premises Technicians?**
  - No. There were no changes to the Prem Techs current scope of work.
- 11. Is Fiber Scoping within the scope of work for Prem Techs?**
  - Yes, Prem Techs can do the following in regards to Fiber Scoping:
    - Scope the Fiber connector.
    - Clean the Fiber connector.
    - Test and Upload results.
- 12. Were there any improvements for retirees?**
  - No. The Bargaining Team did request to bargain for current retirees but AT&T was very consistent with their response that they were not willing to bargain for current retirees, as retiree benefits are not a mandatory subject of bargaining.
- 13. Did the Bargaining Team try to negotiate the Prem Tech work schedule to get consecutive days off?**
  - Yes, they did discuss this in Bargaining, but they were unable to achieve it.

# THE MEDICAL HIGHLIGHTS

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Local 9003 thought it would be helpful to give a summary of some of the medical benefits highlights and specifics from the tentative agreement that was recently reached between AT&T and CWA. This is not all encompassing and we recommend that you read the Final Bargaining report for more details. Each member will receive that report with their ballot in the next few days.

## Let us start with some important highlights:

### 1. **Benefit Changes for Employees Effective 1/1/25:**

- New hires get benefits on day 1 instead of having a waiting period.
- Eliminated 2 tier system for medical benefits.
- Previously new hires paid a 32% cost share while everyone else paid 29% .

Now everyone pays the same amount.

### 2. **General info on Kaiser:**

There have been numerous rumors regarding the Kaiser plan being eliminated as an option for our members.

Kaiser will retain the same plan design as they have today for the life of this contract and will be available through the end of the plan year of 2028. As with any medical plan, it will need to be renegotiated for any subsequent contract. That being said, it may or may not be available in the next contract.

Kaiser has added two new categories that were not part of the plan before. In addition to the Individual and Family plans, they have added:

- Individual + Spouse
- Individual + Child or Children (unlimited Children).

These new tiers can provide for new discounts that were not available in previous years.

It is important to note that the dollar amounts you will see in the Final Bargaining report specific to the Kaiser option may change, as these dollar amounts are not fixed or set in stone. If, over the course of the contract, Kaiser raises its prices, the company will pass along those increases to the members. It will still not be more than 29% cost share.

This is not new and has been part of the Kaiser plan since 2012.

**Note: Kaiser is the only HMO being offered.**

### 3. **Company Medical Plan:**

The dollar amounts in the Final Bargaining report for the company medical plan are fixed and set in stone. What this means is what you see is what you get - these dollar amounts are guaranteed to stay the same through the life of the contract.

As with the Kaiser plan, the Company plan has also added two additional tiers (and prices):

- Individual + Spouse and Individual + child or children have been added to the two existing categories of Individual and Family.

**Note: There is no limit on the number of children.**

What has changed with what's being offered in the company's plan? In addition to the two extra tiers (Individual + Spouse and Individual + Child or Children) there will now be 4 options to choose from.

In the past, for the company plan, there were only two options:

- Option 1 which has a higher monthly premium but lower deductibles and lower oop (out of pocket) maximums.
- Option 2 which has a lower monthly premium but higher deductibles and higher oop (out of pocket) maximums.

What's been added is an Option 1 Select plan and an Option 2 Select plan.

The difference with the Select plans is that not everyone will qualify for the Select plan (it's initially based on your zip code).

Also, the Select Option has approximately an extra 10% discount but you have to choose from a list of provided medical carriers so your choices of doctors will be smaller.

**Let's breakdown the four plans again:**

<b>OPTION 1 - BROAD:</b>	<b>OPTION 1 - SELECT</b>	<b>OPTION 2 - BROAD</b>	<b>OPTION 2 - SELECT</b>
Higher Monthly Premiums Lower Deductibles Lower Out of Pocket Maximums	Higher Monthly Premiums Lower Deductibles Lower Out of Pocket Maximums	Lower Monthly Premiums Higher Deductibles Higher Out of Pocket Maximums	Lower Monthly Premiums Higher Deductibles Higher Out of Pocket Maximums

Note: Option 1 Broad and Option 2 Broad are the same Option 1 and Option 2 that are in the current contract.

**Who is your provider going to be if you choose the Company plan?**

If you choose one of the Broad plans (either Broad 1 or Broad 2), you will have Blue Cross/Blue Shield.

If you choose one of the Select plans (either Select 1 or Select 2) you will be in the Aetna plan if you are in Southern California and you will be in the Blue Cross/Blue Shield plan if you are in Northern California.

**Also important to note is how the Company plans work:**

There are 3 stages for the Company medical plan:

**The first stage is Deductible:**

Member's pay 100% of their medical charges until they reach their Deductible amount.

**The second stage is Coinsurance:**

After you fulfill the deductible, you only pay Coinsurance.

- For Option 1, the Coinsurance is 10% of medical charges after the deductible is met.
- For Option 2, the Coinsurance is 30% of medical charges after the deductible is met.

Example: Let's say you reached your deductible and you get a medical bill of \$1,000.

- With the Option 1 Company plan, you will have to pay 10% of that bill or \$100.
- With the Option 2 Company plan, you will have to pay 30% of that bill or \$300.

**The third stage is Out of pocket (OOP) maximum.**

Once you hit this, all medical and prescription charges are FREE.

- Again, with the Option 2 plans, the out of pocket maximums can be quite high.

**4. Health Savings Account:**

- We are the first Contract to get a Company matched HSA with AT&T.
- This is similar to the FSA (Flexible Spending Account) but you do not lose unused money at the end of the year.
- The account is managed by Fidelity.
- The company will match up to \$1,000 for an Individual and \$2,000 for a Family.
- It is important to note that the HSA is only available to employees who select the Option 2 (high deductible) plan.
- It is Not available for those who choose an Option 1 plan or Kaiser.

**5. The Working Spouse Surcharge** is when an employee's spouse / partner has access to healthcare coverage through their employer but chooses to enroll in AT&T sponsored medical coverage.

- Please refer to the Final Bargaining Report for specific monthly dollar amounts.

**6. The Tobacco Use Surcharge** is applicable to employees and their spouse (or partner) who are enrolled in AT&T sponsored medical coverage.

- Please refer to the Final Bargaining Report for specific monthly dollar amounts.

**7. Wellbeing Incentive** - Employees will be eligible to receive up to \$750 annual individual reimbursement. These are incentives for participating in the AT&T sponsored wellbeing program and are applicable for you and/or your spouse / partner (if they are on your medical plan). The reimbursements / incentives will be for completing medical tasks such as annual exams, teeth cleaning, etc.

This program is completely voluntary.

**8. Vision and Dental:**

The main change is that the Vision and Dental Coverage has been extended for dependents until age 26.

Note: Your dependents do Not have to be full time students in order to be eligible for medical, vision or dental coverage.

There have been small increases in the monthly charges for these plans.

**9. RX Plan:**

Kaiser has their own plan and nothing has changed.

On the Company plan side, there are important changes to note:

- Flat dollar copay amounts will be replaced with percentage coinsurance meaning members will pay a percentage of the cost of the drug.
- Option 1 will be 10% and Option 2 will be 30%.  
There will be a maximum of \$50 for generics and \$100 for preferred brand drugs for a 30 day supply.

Maintenance drugs for chronic conditions like diabetes, asthma, hypertension and congestive heart failure will be covered without a deductible. (see chart below)

New diet and weight loss medications will have expanded coverage.

**APPENDIX**

<b>Preventive Care for Specified Conditions</b>	<b>For Individuals Diagnosed with</b>
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

**FINAL THOUGHTS**

CWA Local 9003 would like to thank everyone for their patience and understanding during the bargaining process.

Now, as we move forward, we want to remind you of the importance of casting your vote. Your vote is your voice, and it plays a crucial role in shaping our future together. Every ballot counts, and your participation ensures that we uphold the principles of democracy.

Let's make our voices heard!