Summary of 2018 Tentative Agreement

1) Duration – Contract expires on August 5, 2023

2) Wages

Date	
June 23, 2019	2.5% increase applied to all steps of the basic wage schedule
June 21, 2020	2.50% increase applied to all steps of the basic wage schedule
June 20, 2021	2.50% increase applied to all steps of the basic wage schedule
June 19, 2022	2.75% increase applied to all steps of the basic wage schedule
June 18, 2023	3% increase applied to all steps of the basic wage schedule

3) Pension Band Increases

Pension Band Effective Date	Percentage Increase
September 15, 2018	1%
September 15, 2019	1%
September 15, 2020	1%
September 15, 2021	1%

4) CPS Award - Minimum $700 payable in 2019, 2020, 2021, 2022, 2023

5) Health Care Changes for Active Workers –

PPO = MEP. Other Plan = EPO and HMO.

The Monthly Employee Contribution required by associates will be:

Coverage Category Elected	Health Care PPO Option and HCN Option Monthly Employee Contribution (Tobacco User Rate)	Health Care PPO Option and HCN Option Monthly Employee Contribution (Non-Tobacco User Rate)	Other Medical Option Monthly Employee Contribution (Tobacco User Rate) – Up to a maximum of the amounts below	Other Medical Option Monthly Employee Contribution (Non-Tobacco User Rate) – Up to a maximum of the amounts below
Employee Only	2019 $168.33 2020 $176.33 2021 $184.33 2022 $192.33 2023 $200.33	2019 $118.33 2020 $126.33 2021 $134.33 2022 $142.33 2023 $150.33	2019 $223.33 2020 $235.33 2021 $247.33 2022 $259.33 2023 $271.33	2019 $173.33 2020 $185.33 2021 $197.33 2022 $209.33 2023 $221.33
Employee + Family	2019 $278.33 2020 $294.33 2021 $310.33 2022 $326.33 2023 $342.33	2019 $228.33 2020 $244.33 2021 $260.33 2022 $276.33 2023 $292.33	2019 $388.33 2020 $412.33 2021 $436.33 2022 $460.33 2023 $484.33	2019 $338.33 2020 $362.33 2021 $386.33 2022 $410.33 2023 $434.33

6) HCN & Health Care PPO

a. HCN & Health Care PPO Deductibles. The deductible for covered services or supplies will be as follows:

	In-Network				Out-of-Network	
	HCN		Health Care PPO			
	Individual	Family	Individu	Family	Individual	Family
2019	$345	$862.50	$670	$1,675	$960	$2,400
2020	$370	$925	$710	$1,775	$1,015	$2,537.50
2021	$395	$987.50	$750	$1,875	$1,070	$2,675
2022	$420	$1,050	$790	$1,975	$1,115	$2,787.50
2023	$445	$1,112.50	$825	$2,062.50	$1,165	$2,912.50

b. Out-of-Pocket Maximum. The out-of-pocket expense maximum for covered services or supplies will be as follows:

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
2019	$1,815	$4,537.50	$2,990	$7,475
2020	$1,910	$4,775	$3,100	$7,750
2021	$2,000	$5,000	$3,200	$8,000
2022	$2,090	$5,225	$3,300	$8,250
2023	$2,180	$5,450	$3,400	$8,500

7) Copays. The copays for covered services and supplies will be as follows:

- **HCN Option**: Effective January 1, 2023, all covered services and supplies that are subject to a $20 copay will be subject to a $25 copay. Copay for Radiation Therapy, Chemotherapy, Electroshock Therapy, Hemodialysis, Physical Therapy, Occupational Therapy, Speech Therapy, and Covered Mental Health/Substance Abuse Services and Supplies that are subject to copay will remain at a their current copays.

- **Health Care PPO Option:** Effective January 1, 2023, all covered services and supplies that are subject to a $20 copay will be subject to a $25 copay, and all covered services and supplies that are subject to a $25 copay will be subject to a $30 copay. Copay for Radiation Therapy, Chemotherapy, Electroshock Therapy, Hemodialysis, Physical Therapy, Occupational Therapy, Speech Therapy, and Covered Mental Health/Substance Abuse Services and Supplies that are subject to copay will remain at a their current copays.

- **EPO Option**: Effective January 1, 2023, the copay for a primary care provider (including OB-GYN) office visit will be $25. Copay for Radiation Therapy, Chemotherapy, Electroshock Therapy, Hemodialysis, Physical Therapy, Occupational Therapy, Speech Therapy, and Covered Mental Health/Substance Abuse Services and Supplies that are subject to copay will remain at a their current copays.

- **HMO Option**: Effective January 1, 2023, the copay for a primary care provider (including OB-GYN) office visit will be no greater than $25.

- **Copays for emergency room visits will be as follows:**

ER Copays	
Effective January 1, 2021	$140
Effective January 1, 2023	$150

Copays for emergency room visits will be waived if patient is admitted to the hospital.

8) Retiree Health Benefits

Except as otherwise provided below, any changes to the health care benefits provided to active employees as set forth above will also be made to the health care benefits provided to eligible retirees who retired after August 9, 1986 ("Covered Retirees") effective at the same time such changes are effective for active employees and the applicable retiree health care plans will be amended in the same manner as those provisions are amended for active employees. Any future changes to health care benefits and prescription drug coverage provided to Covered Retirees will be negotiated with the Union in the same manner as that for active employees and future retirees.

a. Contributions for Retiree Medical Coverage

	2018	**2019**	**2020**	**2021**	**2022**	**2023**
Retiree Only	$153	$165	$177	$189	$201	$213
Retiree + 1	$230	$250	$270	$285	$305	$320
Retiree + Family	$306	$330	$354	$378	$402	$426

9) Special EIPP Offer

Pension eligible associates who leave the service of the Company pursuant to a Special EIPP will be eligible for the next scheduled Pension Band Increase, to the extent there is another Pension Band Increase scheduled.

10) Work and Family

The Work and Family provision in the 2016 MOU will continue under the 2018 MOU.