

**Staff Association Area Reps Meeting
Minutes of April 10, 2014**

Present

Gail Spencer	Carrie Hunting	Pat Moore
Carlos Mendes	Murray Zink	Susan Schmiderer
Jessica Bondy	Monika Bothwell	Cassie
Ray Butterworth	Stephanie Filsinger	Katie Damphouse
Erin Campbell	Sheila McConnell	Priscila Carrara
Theresa Dam	Laura Maple	Rebecca Burwell
Annette Dietrich	Stephen Markham	Rose Vogt
Lawrence Folland	Jeff Henry	Melissa Zapletal
Gwen Bender	Dianne Foreman	Christine Gillis-Bilton
Wes Stewart	Barb Yantha	

- 1. Approval of Minutes of March 13, 2014 Area Reps Meeting**
- 2. Approval of Agenda**
- 3. Guest Speakers –Benefits review working group update – Monika Bothwell, Glenda Rutledge, Lee Hornburger**

The benefits review working group (a sub-group of the Pension and Benefits Committee) have been exploring options to address improvements for employee health care benefits (extended health, dental, life insurance, long term disability, short term disability, employee assistance plan) for employees at the University of Waterloo.

Since 2008 Waterloo has been with Great West Life, on an Administrative Services Only (ASO) plan model to ensure the university is putting enough money aside. Question arose about retirees. The group is not looking at benefits for retirees now. There are three separate retirement groups by year: pre 1996, 1996-2000, 2000 forward).

Not addressed by group:

The group is not currently looking at life insurance, sick leave, or LTD. The Employee Assistance Program (eg. counselling) needs more resources; however, it fits under the wellness initiative in the Strategic Plan.

Health care accounts:

When researched, a health care spending account equals less than \$300 per year per person. The paramedical practitioners under one annual maximum equal less than \$100 per person per year. Therefore, these two options were disregarded. *Noted, for a medical spending account: the medical rate of inflation will work against maintaining our level of coverage as it is approximately 12%.

Buy up option:

A buy up option involves enhanced coverage which may cost less as a group than if members incurred options on one's own. Note: current benefits would not be touched. " There were a total of five buy up options, which would allow individuals to choose various combinations of added benefit coverage (eg. Vision, dental, etc.)

Concerns raised:

1-Slippery slope to change – this could create two groups on campus, those who can afford extra options and those who cannot.

2-Are our benefits equal to other education institutions? If yes – buy up might be okay. If no – there is a retention issue of not being at par with other institutions.

Also, the university carries inflation costs every year for our basic plan; however, premiums for buy-up options will go up and staff will pay in the form of higher premiums.

Question: How do we compare with other institutions? We can't make a decision about this until we have these numbers. How are other universities doing this? Where are we on the scale?

Concern raised for lower USG levels being able to afford this. Have we considered our total compensation package?

Question: if we added vision, would this be enough to get rid of the "thorn in peoples' side"?

The group could survey the wider employee group to see who would want a buy up option.

Concern: that the buy up option would become mandatory at some point.

Concern: we should be looking at sick days as opposed to services; however, because we have no mechanism to track sick days we cannot do this.

Key item: our benefits plan ensures catastrophic coverage and this seems crucial to employees and there are no plans on changing this.

There was consensus that it would be a good idea to have the working group go back and compare our benefit package, gather more data, specifically from other Universities to see if we are in line.

Chair: Lawrence Folland

Minutes: MJZ/GPS