1	H.494
2	Conference Committee Medicare Advantage Language
3	
4	Sec. E.108 3 V.S.A. § 479 is amended to read:
5	§ 479. GROUP INSURANCE
6	(a)(1) As provided under section 631 of this title, a member who is insured
7	by the respective group insurance plans immediately preceding the member's
8	effective date of retirement shall be entitled to continuation of group insurance
9	as follows:
10	(1)(A)(i) coverage in the group medical benefit plan provided by the
11	State of Vermont for active State employees; or
12	(B)(ii) for a Group F and Group G plan member first included in the
13	membership of the system on or after July 1, 2008, coverage in the group
14	medical benefit plan offered by the State of Vermont for active State
15	employees and pursuant to the following, provided:
16	(i)(I) a member who has completed five years and less than 10
17	years of creditable service at the member's retirement shall pay the full cost of
18	the premium;
19	(ii)(II) a member who has completed 10 years and less than 15
20	years of creditable service at the member's retirement shall pay 60 percent of
21	the cost of the premium;

1	(iii)(III) a member who has completed 15 years and less than 20
2	years of creditable service at his or her the member's retirement shall pay 40
3	percent of the cost of the premium;
4	(iv)(IV) a member who has completed 20 years or more of
5	creditable service at his or her the member's retirement shall pay 20 percent of
6	the cost of the premium; and
7	(2)(B) members who have completed 20 years of creditable service at
8	their effective date of retirement shall be entitled to the continuation of life
9	insurance in the amount of \$10,000.00.
10	(2) Notwithstanding any provision of subdivision (1)(A)(i) or (ii) of this
11	subsection to the contrary, a member may be offered health coverage other
12	than coverage in the group medical benefit plan provided by the State of
13	Vermont for active State employees if the following conditions are met:
14	(A) the alternative health coverage is substantially equivalent to the
15	coverage offered through the group medical benefit plan provided by the State
16	of Vermont for active State employees; and
17	(B) the alternative health coverage is mutually agreeable to:
18	(i) the State;
19	(ii) each employee organization that has been certified to represent
20	one or more bargaining units pursuant to chapters 27 and 28 of this title; and
21	(iii) the Vermont Retired State Employees' Association.

- (b) As of July 1, 2007, members of the Group C plan who separate from service prior to being eligible for retirement benefits under this chapter, who have at least 20 years of creditable service, and who participated in the group medical benefit plan at the time of separation from service shall have a one-time option at the time retirement benefits commence to participate in the group medical benefit plan provided by the State of Vermont for active State employees or any alternative health coverage provided pursuant to subdivision (a)(2) of this section. Premiums for the plan shall be prorated between the retired member and the Retirement System pursuant to section 631 of this title.
- (c) Premiums for coverage of retired members of the Group C plan and their dependents in the group medical benefit plan or any alternative health coverage provided pursuant to subdivision (a)(2) of this section shall be prorated on the same basis as is provided for active employees by the current collective bargaining agreement for the nonmanagement unit. The amounts designated as the State's share of premium for the medical benefit plan and the total premium for group life insurance provided under subdivision (a)(2) of this section shall be paid by the Fund as an operating expense in accordance with subsection 473(d) of this title.
- (d) After January 1, 2007, the State Treasurer may offer and administer a dental benefit plan for retired members, beneficiaries, eligible dependents, and eligible retirees of special affiliated groups and the dependents of members of

those groups who are eligible for coverage in the State Employee Group

Medical Benefit Plan or any alternative health coverage provided pursuant to

subdivision (a)(2) of this section. The Plan shall be separate and apart from

any dental benefit plan offered to Vermont State employees. The original plan

of benefits, and any changes thereto, shall be determined by the State Treasurer

with due consideration of recommendations from the Retired Employees'

Committee on Insurance established in section 636 of this title.

\* \* \*

- (3) Dependent eligibility shall be determined in the manner applied to determinations for coverage in the State Employee Medical Benefit Plan or any alternative health coverage provided pursuant to subdivision (a)(2) of this section.
- (4) [Repealed.]
  - (e) As of January 1, 2007, and thereafter, upon retirement, members entitled to prorated group medical benefit plan premium payments from the Retirement System under the terms of this section shall have a one-time option to reduce the percentage of premium payments from the Retirement System during the member's life, with the provision that the Fund shall continue making an equal percentage of premium payments after the member's death for the life of the dependent beneficiary nominated by the member under section 468 of this title, should such dependent beneficiary survive the

**CREDIT UNIONS** 

1 member. The Retirement Board, after consultation with its actuary, shall 2 establish reduced premium payment percentages that are as cost neutral to the 3 Fund as possible. 4 (f) [Repealed.] 5 (g) A member of the Group F or Group G plan who is first included in the 6 membership of the System on or after July 1, 2008, who separates from service 7 prior to being eligible for retirement benefits under this chapter, who has at 8 least 20 years of creditable service, and who participated in the group medical 9 benefit plan at the time of separation from service shall have a one-time option 10 at the time retirement benefits commence to reinstate the same level of 11 coverage, in the group medical benefit plan provided by the State of Vermont 12 for active State employees or any alternative health coverage provided 13 pursuant to subdivision (a)(2) of this section, that existed at the date of 14 separation from service. Premiums for the plan shall be prorated between the 15 retired member and the Retirement System pursuant to subsection 479(a) of 16 this title. 17 \* \* \* 18 Sec. E.108.1 3 V.S.A. § 631 is amended to read: 19 § 631. GROUP INSURANCE FOR STATE EMPLOYEES; SALARY 20 DEDUCTIONS FOR INSURANCE, SAVINGS PLANS, AND

with any insurance company or nonprofit association doing business in this
State to secure the benefits of franchise or group insurance. Beginning July 1,
1978, the The terms of coverage under the policy shall be determined under
section 904 of this title, but it may include:
(A) life, disability, health, and accident insurance and benefits for
any class or classes of State employees; and
(B) hospital, surgical, and medical benefits for any class or classes of
State employees or for those employees and any class or classes of their
dependents.

(a)(1) The Secretary of Administration may contract on behalf of the State

(2)(A)(i) As used in this section, the term "employees" includes any class or classes of elected or appointed officials, State's Attorneys, sheriffs, employees of State's Attorneys' offices whose compensation is administered through the State of Vermont payroll system, except contractual and temporary employees, and deputy sheriffs paid by the State of Vermont pursuant to 24 V.S.A. § 290(b). The term "employees" shall not include members of the General Assembly as such, any person rendering service on a retainer or fee basis, members of boards or commissions, or persons other than employees of the Vermont Historical Society, the Vermont Film Corporation, the Vermont State Employees' Credit Union, Vermont State Employees' Association, and the Vermont Council on the Arts, whose compensation for service is not paid

is actively engaged in and devoting substantially full-time to the conduct of the
business of his or her the official's public office.
(ii) For purposes of group hospital-surgical-medical expense
insurance, the term "employees" shall include employees as defined in
subdivision (i) of this subdivision (2)(A) and former employees as defined in
this subdivision who are retired and are receiving a retirement allowance from
the Vermont State Retirement System or the State Teachers' Retirement
System of Vermont and, for the purposes of group life insurance only, are
retired on or after July 1, 1961, and have completed 20 creditable years of
service with the State before their retirement dates and are insured for group
life insurance on their retirement dates.

from the State Treasury, or any elected or appointed official unless the official

13 \*\*\*

(10)(A) The Secretary of Administration shall not contract for any group

hospital-surgical-medical expense insurance that provides a Medicare

Advantage plan or similar plan established pursuant to Title XVIII of the

Social Security Act without the explicit agreement of all employee

organizations certified pursuant to chapters 27 and 28 of this title.

(B) For purposes of section 479 of this title and notwithstanding any provision of law to the contrary, a Medicare Advantage plan or other similar plan agreed to pursuant to the provisions of this subdivision (10) shall not be

1	considered to be part of the "group medical benefit plan provided by the State
2	of Vermont for active State employees" but may be offered to retired members
3	as alternative health coverage subject to the terms of subdivision 479(a)(2) of
4	this title.
5	* * *
6	Sec. E.108.2 3 V.S.A. § 925 is amended to read:
7	§ 925. MEDIATION; FACT FINDING
8	* * *
9	(i)(1) In the case of the Vermont State Colleges or the University of
10	Vermont, if the dispute remains unresolved 20 days after transmittal of
11	findings and recommendations to the parties or within a time frame mutually
12	agreed upon by the parties that may be not more than an additional 30 days,
13	each party shall submit as a single package its last best offer on all disputed
14	issues to the Board. Each party's last best offer shall be filed with the Board
15	under seal and shall be unsealed and placed in the public record only when
16	both parties' last best offers are filed with the Board. The Board shall hold one
17	or more hearings. Within 30 days of the certifications, the Board shall select
18	between the last best offers of the parties, considered in their entirety without
19	amendment.
20	(2)(A) In the case of the State of Vermont or the Department of State's
21	Attorneys and Sheriffs, if the dispute remains unresolved 20 days after

transmittal of findings and recommendations to the parties or within a time
frame mutually agreed upon by the parties that may be not more than an
additional 30 days, each party shall submit as a single package its last best
offer on all disputed issues to the Board, or upon the request of either party, to
an arbitrator mutually agreed upon by the parties. If the parties cannot agree
on an arbitrator, the American Arbitration Association shall appoint a neutral
third party to act as arbitrator.
(B)(i) Each party's last best offer shall be filed with the Board or the
arbitrator under seal and shall be unsealed and placed in the public record only
when both parties' last best offers are filed with the Board or the arbitrator.
(ii) A party's last best offer shall not include a proposal to:
(I) provide alternative health coverage to retired State
employees that has not been agreed to pursuant to the provisions of subdivision
479(a)(2) of this title; or
(II) provide health coverage that includes a Medicare
Advantage plan or similar plan established pursuant to Title XVIII of the
Social Security Act unless the plan has been agreed to pursuant to subdivision
631(a)(10) of this title and its inclusion in the collective bargaining agreement
has been agreed to by both parties prior to the submission of the last best
offers.

1	(iii) The Board or the arbitrator shall hold one or more hearings.
2	Within 30 days of the certifications, the Board or the arbitrator shall select
3	between the last best offers of the parties, considered in their entirety without
4	amendment.
5	* * *
6	Sec. E.108.3 3 V.S.A. § 1018 is amended to read:
7	§ 1018. MEDIATION; FACT-FINDING; LAST BEST OFFER
8	* * *
9	(i)(1) If the dispute remains unresolved 20 days after transmittal of findings
10	and recommendations or within a period of time mutually agreed upon by the
11	parties that may be not more than an additional 30 days, each party shall
12	submit to the Board or, upon the request of either party, to an arbitrator
13	mutually agreed upon by the parties its last best offer on all disputed issues as a
14	single package. If the parties cannot agree on an arbitrator, the American
15	Arbitration Association shall appoint a neutral third party to act as arbitrator.
16	(2) Each party's last best offer shall be:
17	(A) filed with the Board or the arbitrator under seal;
18	(B) certified to the Board or the arbitrator by the fact finder; and
19	(C) unsealed and placed in the public record only when both parties'
20	last best offers are filed with the Board or the arbitrator.
21	(3) A party's last best offer shall not include a proposal to:

1	(A) provide alternative health coverage to retired State employees
2	that has not been agreed to pursuant to the provisions of subdivision 479(a)(2)
3	of this title; or
4	(B) provide health coverage that includes a Medicare Advantage plan
5	or similar plan established pursuant to Title XVIII of the Social Security Act
6	unless the plan has been agreed to pursuant to subdivision 631(a)(10) of this
7	title and its inclusion in the collective bargaining agreement has been agreed to
8	by both parties prior to the submission of the last best offers.
9	(4) The Board or the arbitrator shall hold one or more hearings and
10	consider the recommendations of the fact finder.
11	(4)(5)(A) Within 30 days of the certifications, the Board or the arbitrator
12	shall select between the last best offers of the parties, considered in their
13	entirety without amendment, and shall determine its cost.
14	* * *
15	(5)(6) The Board or the arbitrator shall not issue an order under this
16	subsection that is in conflict with any law or rule or that relates to an issue that
17	is not bargainable.
18	(6)(7) The decision of the Board or the arbitrator shall be final and
19	binding on the parties.