MEA Bargaining 2026-2027

Session #6

Wednesday, August 5, 2026

Those present: Pat Barber, Christina Britton, Willie Clark, Valerie Finnegan, Silvana Ianinska, Derek Jensen, Julie Kerber, Helen King, Brian Kirchberg, Mitcheal Pearl, Bruce Proud, Rachel Sellers, Jon Syre, Evelyn Townsley, Dawn Walker and Mark West, Mercedes Wildman.

Meeting began at 5:21 p.m.

Mark West (MW) – Good Evening / Afternoon. Been busy for all of us. We sent out the draft of the letter to teachers for the clarification of years of experience today. Christina has been busy. That's good, though. We will base our distribution numbers on that information for the TSIA numbers.

Proposals – Looking forward to bringing the complete package. Let's start with the referendum. Rachel has some information. Additional duty time and differences from what had happened before. One of the questions you had in regard to duty time. I know she sent you an email. We put this in writing for you all. The projected amount for 26-27 is why the numbers are higher from last year. You'll notice with that number and even the one prior to that we are proposing to move forward $9,537 for teachers and $3,598 for the Paras. You will probably want to take a look at that with the new numbers.

Bruce Proud (BP) - I do have a question about what is in bold at bottom of the page.

RS - This is a phrase that you had on last year, so I repeated the language.

BP – Next bolded line – Referendum for teachers?

RS – That's just the dates.

BP – What's that mean the baseline year.

MW – You asked

BP – Board Resolution doesn't have an impact in bargaining unless it is brought to bargaining. I still don't know what baseline is. What does that mean?

MW – You asked for an explanation of the first bulleted point. For the 2025-26 work year only…

BP – So what does baseline mean?

MW – 24-25 year - If that number fluctuates down, we wanted to maintain that number.

BP – What happens if it goes up?

MW – That would be negotiated.

BP – Aren't we negotiating now? Last year we negotiated.

MW – We negotiated to keep it the same.

BP – Ok, when you calculated the fringe amount what did you include

RS - That was calculated with the additional time and the supplement. And those two sums together.

BP – So when you calculated did you include benefits?

RS - The benefits are not added to the additional time that is listed there. You can see that no benefits have been added to that.

BP – Ok. So the fringe is calculated from the $41,806,914. At the bottom of this there's a calculation for cost of additional time an cost of benefits. Why is that different for the other numbers?

RS - The costs are up above and have been brought down. Cost of Fringe plus the Cost of Time multiplies by 22.24%. It's calculating the cost without benefits.

BP – OK. Thank you.

MW – So, we talked about the referendum as part of the package. We also talked about the health care piece as part of the package as well. I want to make clear the recommended change from HIC plus the recommended plan changes. Rachel is going to pass it around now. Although we've shared this information in a couple of ways, we've put it on one page so you can see what the annual increase will be for employee and employer for each of the plans. We looked specifically at the folks who were impacted by the amount and the plan changes. With the recognition that there's going to have to be some education between now and October. when we are going to have to have them make their selections. The changes won't go into effect until January. We just want to be transparent with the changes because everybody is going to be different. 2027 Potential Plan Design and 2026.

BP – Was there a conversation in the committee of the impact of the disruption?

CB – We discussed that as a team not sure we discussed it in the committee.

BP - The number of people who will be moving from one plan to another based on the changes to the health plan.

BP- Who would be and how they would be impacted?

CB – I don't know if we talked about it in committee, but we talked about it as a team. I imagine there will be some changes.

BP: So, were there discussions of who will be impacted by these design changes and to what extent? Someone who goes for a procedure and what the impact will be?

CB: The number of people who reached their out of pocket would be affected the most. 5% of the total enrolled in each tier.

BP – So it's basically shifting the burden to 5% on those who need coverage. Was there discussion about terms of inpatient?

CB - We did have discussions on inpatient and ambulatory. I see it the other way. I pay more for those who are on a lower tear and are paying less.

BP - But not to the extent unless they have a family plan. Normally not the choice of the employee. So how is that impacted by ambulatory services? Does that count?

CB – It really depends on where you go. I'm not familiar with all the available ambulatory services.

BP – What if you went to MMH?

CB – It's in-patient.

BP – Even when you're not an in-patient. So, switching the co-pay with the ambulatory service. Are they switching it around?

CB – Yes

BP – Do they allow the option for maternity to be ambulatory.

CB – I don't know.

BP – And the urgent care in the Gold plan has changed from $20 to $45 and they are the only one with that change? What was the reason for that?

CB – Because the others were already that.

BP – Is there any data to show that that was costing the plan more?

CB – On that particular cell, no.

BP - Were there examples used to see the impact these changes would be? Up to next $3,000. EX – Actual impact on that person might be What would be impact be? Bruce

used a scenario demonstrating impact that showed a difference of $6500.00 for an individual who is required to go to an inpatient based on their health situation.

CB - No, individual scenarios were not evaluated.

BP – I would have the same questions about the mental health service. In many cases it is likely to be an inpatient service than outpatient.

CB – I can tell you we have seen an increase. We are paying a lot.

BP – It's the plan paying.

CB – There was a discussion, I don't know that it was pretty deep.

BP – And justification of the chances to the plan design is to save money? Rate increase at 10% instead of 11%? If we went with 11, you might not see these changes.

CB – The justification is to keep the 10% rate increase instead of 11%. Due to no plan changes over the years, it was determined that the employee increase does not match the medical costs.

BP – And the total of it would be $600,000?

CB – Correct

BP - But, there was no case study on the impact?

CB – We looked at the total number of out-of-pocket maximum.

BP - From this estimation it's based on shifting $600,000 to the employee.

CB – And the Employer

BP – No, when you shift it doesn't cost in plan changes, it shifts the cost to the employee that use the plan. And according to Aon it would be a .9 increase. 4,000 employees of the district. I don't have any other questions.

MW – Based on our last conversation, we were able to meet back in Executive Session and we are going to ahead and pass out our offer based on those discussions, which is inclusive of increases for teachers and paras. Once again, we put together the cost for each category. We recognize that the net increase could be a little less based on numbers, anticipating a net of $2100. Other classroom teachers that do not meet the definition will receive a 2.5% rate increase. Agreed to continue the retention supplement. In alignment with Paraprofessionals receive a 2.5% average increase which includes step and $0.30 for a total of $6,063,890.

We wanted to ensure that everyone received at least a 2.5% increase so those who were at the top had to make an adjustment. Health insurance. First full pay will include the Referendum

BP - I don't have any questions. We'd like a caucus.

Caucus 6:06 p.m.

Reconvened at 9:23 p.m.

BP – Just want to be sure that you received the minutes for the last meeting.

MW – We are caught up on last ones from previous meetings. We did receive them and everything is good.

BP – Theres a few areas we're in agreement and a few we're not. We know there are issues of equity regarding retention. We know that even ASCME has retention at 10 and 20 years so we ask that Para's receive retention as well.

We have two other proposals – referendum language is the same but worded a little differently. The other is health insurance proposal with a 4% premium increase with no plan changes. The monthly premium increases would range from $2-$47 depending on the tier and plan chosen. Since the bulk of the para unit receives a step of nickel increase we know that annual cost to people purchasing the health plan the cost may wipe out their increase in pay and some may even be going backward. We believe the cost is too high. Some will have less money in their pocket at 10% because of out of pocket, prescriptions, etc… So that's our current proposal. (Bruce you may want to add more here!)

MW – So to recap, it does look like we are in agreement on a number of areas. TSIA, referendum, less than 10 years at 2.5%, teacher retention, Para one step advancement. We don't agree with the hourly amount, yours is a little higher.

So, the Health Insurance we've had quite a lot of discussion. Well, first of all, we did pass across the Memorandum of Understanding with the time frame we would like to go ahead with that to meet the deadline for the first full paycheck.

BP – The first full check is August 21st.

MW – If we could I want to TA that tonight. We have looked at some of these areas as well. We've looked to put money in the pockets of teachers. We want to guarantee that everyone gets a 2.5% increase. I'm not sure we are going to be able to come back with a proposal tonight. I believe you when you say you think 10% insurance increase is too high. We know that we've gone backwards on the projected numbers. We receive no income from employees during the months of June and July.

BP – That's by design.

MW – I'm not trying to be argumentative. We are trying to put things in place so that we can maintain a balance to keep things going. There's another Health Insurance Committee meeting on the 19th of August. I'm not sure we are going to be able to come to agreement without a recommendation from Aon.

BP – So you want to delay until 8/19

MW – No, no, no. We want to sign off on the things we agree on. But we can't make any decisions until after HIC meets on the 19th.

BP – Okay, I hear you.

MW – We can meet prior to the Health Insurance Committee Meeting to discuss other issues if you'd like, but we won't be able to discuss Health Insurance until after that meeting.

BP – We'll take a caucus and discuss dates and communicate with you.

MW – We have the referendum to sign off tonight.

BP – Okay

MOU signed by both parties.

MW – If you are amenable, we can adjourn for the night.

PB - We'll discuss dates and communicate with you.

MW – Have a Good start to the school year, everybody. Drive safely tonight.

Adjourned: 9:44 p.m.