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2008/2009:4

March '09

Room D472
 ULFA Website: <http://ulfa.ca>

PRESIDENT'S KICK-ABOUT

ULFA EXECUTIVE

Past President
 Steve Ferzacca
 Anthropology/2489

President
 Ilsa Wong
 Kinesiology/2232
 Secretary/Treasurer

VP/President Nominate
 Vacant

Secretary-Treasurer
 Ed Jurkowski
 Music/2342

Academic Welfare Chair
 John Usher
 Management/2759

Economic Benefits Chair
 Marc Roussel
 Chem/Biochem/2326

Grievance Chair
 Kate Chiste
 Management/2139

Board Representative
 Leah Fowler
 Education/2457

ULFA OFFICE/2578
 Brenda Rennie
 Executive Officer

Norma Gibbon
 Administrative Assistant



Since our last newsletter, ULFA has finished work on a couple of key areas – Freedom of Information and Protection of Privacy Act, and Alberta Health Premium allocation. Also in the interim I have attended the Canadian Association of University Teachers (CAUT) Forum for Presidents in Ottawa and the Confederation of Alberta Faculty Associations (CAFA) Council meeting in Edmonton.

You may recall that in our December Newsletter I reported on the grievance filed by ULFA against the Board of Governors regarding the Freedom of Information and Protection of Privacy (FOIPP) request made of some of our Faculty members. In early January and according to the Handbook (Article 22), we entered a period of time during which we were to work with Administration to attempt to resolve the grievance. During this period, we were able to negotiate a Memorandum of Agreement (MOA) regarding custody or control of documents that Faculty Members retain and those that are considered to be under the custody or control of the University. This is the first MOA at any University in Canada and reflects the need to ensure that our Handbook rights (i.e., academic freedom) are protected. Members will ratify this new Memorandum of Agreement at the Annual General Meeting in April.

Marc Roussel and members of Economics Benefits (Richard Mueller, Ian MacLachlan, Wayne Lippa, Rhys Stevens, Kelly Williams, Nick Hanson, and Marlo Steed) are to be congratulated on their thorough work in presenting Faculty with their options for use of the Alberta Health Premiums. After two information sessions to Faculty, polling results indicate that Faculty are in favour of increasing the percentage of dental and drug coverage, and in updating the dental schedule that our coverage is based on. Great work EBC!!

Marc has also been working to correctly implement a change to Employment Insurance Premium reductions that we share with Administration. See Marc's summary of the changes high-lighted later in the newsletter. Much like the FOIPP MOA, members will also be asked to ratify this MOA at the Annual General Meeting.

At the President's Forum in January, sessions dealing with Governance, Commercialization, Managing Associations, and FOIPP were held. Our FOIPP issue was presented, along with the case at the University of Ottawa. There was a lot of interest in the two cases and our potential MOA resulted in a lot of interested Presidents who were pleased to see us working towards protection for our members.

Joining Brenda Rennie and I in Edmonton for the CAFA meetings was John Usher (Chair, Academic Welfare) who had a chance to discuss a number of issues (i.e., Administrative Professional Officers [APOs] as members) with our counterparts at the University of Alberta and Athabasca University. Members are reminded of the upcoming deadline for submissions (April 24, 2009) to the CAFA Distinguished Academic Awards.

Discussions have begun with the Executive group representing APOs on campus. We are currently working on potential Governance structures and hope to present our work to the Membership at the upcoming AGM.

The date for our Annual General Meeting has been announced and will be held in L1060 Wednesday, April 29, 2009. The preliminary agenda will be sent out 3 weeks prior to the meeting with full agenda packages to be distributed one week prior to the actual meeting date. See you there!

Ilsa [ilsa.wong@uleth.ca]
ULFA President

NOMINATING COMMITTEE

The ULFA Nominating Committee is now actively seeking interested individuals willing to fill vacancies on the Executive, standing and other committees for 2009-2010. Nominations are being sought for:

Executive:

President
Vice President/President Nominate
Chair, Academic Welfare Committee
Academic Welfare Committee
Economic Benefits Committee
Grievance Committee
Study Leave Relocation Committee
Gender and Diversity Caucus

The Nominating Committee will present its list of nominees at the Annual General Meeting later this spring. In addition, nominations will be open from the floor. In the event that there is more than one nominee for a single position, an election will take place by electronic ballot as soon after the AGM as is possible. In the event that there is more than one candidate seeking election to the Executive Committee an All Candidates Forum will be organized prior to the election.

If you are interested in serving the Association in some way, or know of someone who might be willing or well-suited to fill one of these vacancies, please contact Brenda Rennie in the ULFA office (ph. 2328; e-mail rennie@uleth.ca) or one of the Nominating Committee members listed below.

Catherine Kingfisher (Anthropology)
Ilsa Wong (Kinesiology)
Ed Jurkowski (Music)
Nicole Eva (Library)
Shari Platt (Education)
Adriana Predoi-Cross (Physics)
Monique Sedgwick (Health Sciences)

ACADEMIC WELFARE COMMITTEE REPORT

Following the ratification at the FGM of Handbook language negotiated over the Summer and Fall, the Academic Welfare Committee, supplemented by EBC Chair Marc Roussel, has been working on language to address an anomaly created by the definition of Sessionals at the time of their entry into ULFA. According to the Sessional Handbook, Sessional instructors are limited to teaching one course during a regular semester (effectively two courses in a year since Summer sessions are not included as the language currently stands). The Faculty Handbook only mentions what might be called 'part-time appointments' under Article 34 (Reduced Load Status) under which academic staff are allowed to seek reductions in their responsibilities (with proportional reductions in salary and benefits) through mutual agreement with their Dean / University Librarian. However these are clearly reductions from an existing full time appointment and are only available to continuing or probationary Members of Academic Staff.

As a result, we have a category of Members without a home in terms of existing language: anyone who has a term contract that is less than full-time but more than the specified teaching load of a Sessional – i.e. basically anyone with instructional duties that comprise more than one full-credit course in a single regular semester or more than two full-credit courses in two regular semesters but less than that number of full-credit courses per calendar year deemed to constitute a full time instructional term appointment in the applicable Faculty.

The number of Members currently holding these part time term appointments is not large (less than 40) but the issues that they raise are many: To what extent do these appointments represent an erosion of the professoriate? How should these positions be compensated with respect to salary and benefits? To what extent are these positions related to structural issues such as limited enrolments on the Northern campuses or the necessity of professional Faculties such as Education and Health Sciences to bridge to practitioner communities? AWC has been striving to find answers to these questions and linking them into a larger framework of all appointments across Faculty Member / Professional Librarian / Academic Assistant categories, whether full time or part time, continuing or limited term. We have then positioned this framework within a set of appointment principles we believe are consistent with the intention of the University Strategic Plan to "Confirm our place as a Comprehensive University."

Guiding Principles for the Appointment of Academic Staff at the University of Lethbridge

- 1) The need to 'create and grow graduate programs and a culture of graduate education' so that we may 'confirm our place as a comprehensive university' will be best met by ensuring that the number of tenure-track positions at the University increases relative to other academic staff positions and that persons holding doctoral level or equivalent professional qualifications are recruited and hired into those positions.
- 2) The University is also best served when academic staff members are employed full-time so that they may both contribute to and participate in the intellectual life of the University. Full time engagement is essential to the focused dedication and commitment that produces excellence in teaching and research.
- 3) Finally, that the University is best served when academic staff positions hold the potential for continuing appointment. Continuing appointments are critical to the protection of academic freedom and the encouragement of innovation with respect to both teaching and research.

However, ULFA also recognizes that the University is a complex organization with the need to make flexible and efficient use of its academic staff, so it may not always be able to operate in strict accordance with the above principles. There is therefore a need for ULFA and the Board to agree upon language that describes conditions under which exceptions to these principles may take place and delineate the precise nature, extent and duration of those exceptions. Language currently exists in the Faculty Handbook that addresses some of these exceptions (see Article 18.01.1, for example) but better language is needed and what exists now needs to be better policed.

The AWC Negotiation Team (Trevor Harrison, Brenda Rennie, Marc Roussel and John Usher) is working to complete a package of changes to the Faculty Handbook to accomplish these goals and will be taking these proposed changes to the negotiating table soon. While the possibility still exists that we will be able to deal with just this language, it is more likely that this item will be folded into a larger set of changes proposed by both sides. Accordingly, AWC and the ULFA Executive will be working over the next few weeks to surface and prioritize Handbook issues for the coming round of negotiations. Any member who wishes to propose a Handbook issue for consideration is welcome to contact me with their suggestion(s) at john.usher@uleth.ca

John Usher
Chair: Academic Welfare Committee



EI PREMIUM REDUCTIONS & LEAVE

The Employment Insurance program offers premium reductions to employers whose contracts contain certain provisions. These reductions have to be shared with employees. In our case, they have resulted in small annual additions to our Professional Supplements. The University recently lost its reduction due to some changes in our Handbook made years ago, which the government only noticed recently. (They had been advised when the changes were made, but they have a large processing backlog.) ULFA President Ilsa Wong and University President Bill Cade recently signed an MOA agreeing to extend paid sick leave to 75 working days from the current 60, retroactive to January 1st of this year, in order to restore part of the premium reduction. Since this measure benefits the membership in two ways (added Professional Supplement contributions and extended paid sick leave) and there are no down-sides, ULFA Executive has allowed Human Resources to implement this change immediately even though it has not been ratified by the Membership. It will be brought forward for ratification at our Annual General Meeting. We do hope that the Membership will allow this deviation from our usual processes given the potential for the sick leave provision, in particular, to benefit some of our members in the interim.

Marc Roussel [roussel@uleth.ca]
Chair, EBC



REPORT FROM EBC

It has been an interesting year in Economic Benefits. Last year, I had set myself as a target for this year to do a comprehensive review of our benefits, or at least to get some momentum going toward such a review. When we first found out that Alberta Health premiums were being abolished, I thought this would be a minor distraction, something we could sort out in a few weeks and then get back to what I thought was the major agenda item for this year, namely making sure that we are getting the best value possible for our benefits dollars. (And they are *our* dollars, even if they don't come as salary.) Well, this reallocation exercise turned out to be a more time consuming affair than I had imagined.

As you know by now, the membership has opted to increase our dental and drug coverage rather than adopt a Health Spending Account (HSA). 207 members voted (about 41% of the eligible membership). 55% voted for improved insurance coverage, and 45% for the HSA option. No poll is more revealing than one in which we ask people to make real decisions about money. In addition to resolving this issue, your participation in this poll provides EBC with important information about the ULFA membership and its attitudes toward benefits in preparation for negotiations next year. I therefore want to thank all the members who participated in this poll.

As you probably also know by now, the new coverage levels come into effect for expenses incurred on or after April 1st of this year.

I also want to thank this year's Economic Benefits Committee for all the work they have put in to this issue on your behalf. They are Richard Mueller (past Chair), Nick Hanson, Wayne Lippa, Ian MacLachlan, Marlo Steed, Rhys Stevens and Kelly Williams. It was a pleasure working with you, and I look forward to working with some of you on EBC again next year.

In this column, I thought I would walk you through some of the other options we discussed and why the committee rejected them for now. Before we do that, here are some aggregate claims statistics we collected last year based on claims made by Division 1 (continuing) members in calendar year 2007. (The ratios are similar for Division 7, i.e. members on term contracts, although the numbers are smaller since this is a smaller group, and they don't have major dental and orthodontic coverage.)

Claim category	Claimed	Refunded	Percentage
HEALTH			
Drugs	\$305 943	\$204 618	67%
Extended health	141 840	68 270	48%
Hospital	1 976	1 693	86%
Vision	92 996	49 332	53%
DENTAL			
Basic	415 051	254 331	61%
Major	147 168	85 007	58%
Orthodontics	63 774	29 916	47%
Periodontic	21 781	13 312	61%

The percentages are hard to interpret because they are affected by a number of factors other than the quality of our plan. For example, our drug plan at that time provided 80% coverage minus a \$25 annual deductible. We had about 468 members in 2007. (The numbers of course fluctuate over the year, so it's hard to pin down a single number as "the" number of ULFA members who participated in the benefits plan in a particular year.) If every single one of those members made a drug claim (certainly not the case), then the portion of the difference between claims and refunds attributable to the deductible is \$11700. If we subtract this overestimate of the total deductible from the amount claimed, we get \$294243. The refunded amount is 70% of this last figure, so the deductible doesn't even come close to the full difference between 80% and 67%. Where does this difference then come from? People sometimes try to claim for services or products that are not covered, like over-the-counter medications. It may also occur that people make simple mistakes in filling out claims. These would show up in the statistics above as rejected claims, even though they may eventually be refunded after the paperwork has been straightened out.

The key thing to look at in this table is the size of the numbers. The two big categories, both in terms of amounts claimed and in terms of the amounts refunded, the latter being a measure of the volume of valid claims, are clearly dental (basic and major) and drugs. That being the case, dental and drug coverage were obvious places to look for benefits enhancements.

As EBC carried out its discussions, we eventually came to the conclusion that since the money being reallocated was a benefit that all our members enjoyed, to the extent that this was possible, the benefits improvements made with this pool should also benefit the entire membership. This turned out to be an important principle in determining which benefits improvements we would put before our membership.

In the area of dental coverage, we looked at several options, listed below in increasing order of cost:

1. 90% of the 2009 Alberta Blue Cross Dental Schedule (ABCDS)
2. 100% of the 2009 ABCDS
3. 100% of the Blue Cross Usual and Customary Fee Guide (U&C)

What, you may ask, is the difference between the ABCDS and U&C? They are both dental schedules maintained by the insurance company, in this case Blue Cross, but they are calculated differently. U&C is determined based on recent claims throughout the province, so it directly reflects the billing practices of dentists, although it is clearly going to be weighted toward the cost of dental services in Calgary and Edmonton, the two largest markets. ABCDS on the other hand is Blue Cross's attempt to generate a fair fee schedule. It's a bit less rich than U&C, which is why it's also less expensive to adopt as the basis of our dental plan. In our case, it's a huge improvement, and you may find that your dentist is satisfied with ABCDS fees. Experience will tell. You should certainly see a large decrease in your dentist's extra-billing.

While we're on the subject of fee schedules, we have agreed to use the 2009 ABCDS as a fixed reference, and not to automatically update to the latest ABCDS every year. What we have is an interim agreement designed to tide us over until negotiations. Obviously, we can bring this up in negotiations next year if the membership thinks this is a priority.

Because I have heard people talk about it more than once, we looked into various possible improvements to our orthodontics coverage. Currently, our orthodontics coverage only applies to dependent children (not to adults, i.e. not to the member or to his or her spouse), and is limited to 50%

coverage to a lifetime maximum of \$2000. I won't go into all the details of the variations we looked at (higher rates of coverage and higher maximums), but ultimately the reason that we decided not to include a change to our orthodontics coverage among the options we presented to the membership was that improvements in this area would only benefit a small number of members at any given time. Given the obvious deficiencies in our basic dental coverage, which affect everybody, this didn't seem like a smart place to invest a portion of the pool of money available to us.

In the area of drug coverage, in addition to going to 100% coverage, we looked at maintaining 80% coverage up to \$1000 per year in eligible expenses, then 100% coverage after that. We also looked at getting a direct bill card that your pharmacist could use to bill Blue Cross directly. The latter turned out to be a surprisingly expensive option. For a member with a family, moving to 100% drug coverage without a direct bill card will cost \$193 per year more than our current coverage. If we had opted for a direct bill card, the added cost would have been \$375. This seemed to us to be a very large price to pay for convenience.

Vice-President (Finance and Administration) Walker and her staff had a few suggestions of their own. One possibility they suggested would have been to get more group life insurance. The problem is that automatically raising everyone's life insurance coverage takes no account of the different circumstances of our members. A single person generally doesn't need life insurance at all. Married people can have very different needs depending on the sizes of their families, whether or not their spouses have secure employment, and so on. Accordingly, we didn't feel that a general increase in life insurance coverage was a very good idea. I'll write more on insurance in a later column, because I think that many of us don't think enough about this very important topic.

Vice-President Walker also suggested that some of the money could be used to increase the Tuition Scholarship Fund. This fund pays a tuition scholarship to the spouses and children of our members when they succeed in courses at this University. The Tuition Scholarship Fund is currently able to cover full tuition by using some of its carry forward (unspent money from previous years), but may be forced to pro-rate awards sometime in the near future. This was another benefit that would have only affected a portion of the membership, and only for a short period of their working lives, so we set this suggestion aside for now. As with all the other possible benefits improvements we considered, this one could easily come up again at negotiations in the future.

Another suggestion made by Vice-President Walker was to put the money into our Professional Supplements. We have typically maintained Academic Assistant (AA) Professional Supplement allocations at 80% of Faculty allocations because AA duties are thought to require less of this kind of flexible funding. In order to accept this option, we would either have had to deviate from this principle, or to provide a differential benefit when the pool that made this benefit possible did not differentiate by employment category. Neither seemed entirely satisfactory.

One very intriguing suggestion made by Vice-President Walker and her staff was the addition of an Employee and Family Assistance Program (EFAP) to our benefits plan. The proposed EFAP would cover six sessions with a psychologist, family therapist, or other mental health professional for a single member, or twelve for a family per year. The cost of this program would have been \$30 per year for singles, and \$60 per year for families. We already have some coverage for these services through our extended health benefits, although it's pretty poor (\$40 per visit to a maximum of \$400 per year per plan participant, i.e. for each member of a family, for visits to a psychologist; \$20 per visit to a maximum of \$400 per year per plan participant for family counseling), and our members also have access to the

Employee Assistance Program (EAP), although this program has its deficiencies too. (The EAP currently shuts down in the summer, and it's really only set up to help members through short-term problems.) We were very tempted by this new coverage, which is much better than our existing coverage. When we asked how this new coverage would coordinate with our existing coverage for these services, we were told that the best thing to do would be to drop the coverage in our extended health plan. Unfortunately, Human Resources (HR) had not asked our insurer what the cost savings would be if we removed this coverage from our plan. By then we were already well into 2009. (We received Vice-President Walker's letter containing cost estimates for our and their proposals on January 12th, and of course it took us a few weeks to absorb all this information and understand its ramifications.) We were very conscious of the fact that every day that passed was costing our members money. We therefore decided to shelve this proposal until negotiations, when this very desirable improvement to our benefits coverage can be weighed against other factors properly.

We asked a few other questions about our coverage. For instance, we asked if the lifetime maximum of \$1 000 000 for drug coverage was still adequate. The opinion from HR is that this is still a generous lifetime maximum. My own back-of-the-envelope calculations suggest that it's probably still reasonable, although it was good to get someone else's opinion on this issue. (The lifetime limit will only become a problem if someone is on an expensive drug regime for a long time. Antiretroviral therapy for AIDS patients is one example. This can easily cost \$1000/month, or \$12000 per year. Over a 30 year career at the University, that would add up to \$360000, well under the \$1000000 limit. Even if the cost of treatment doubles over time, there's still plenty of room.)

Our travel plan covers us for out-of-province medical emergencies during extended trips (e.g. study leaves), with one exception: Members over the age of 65 but under 75 are only covered for trips of 30 days or less. Members over the age of 75 become ineligible for coverage under this policy. One member raised the question of whether our post-65 members could be treated like the rest of us. The answer is no: Our current plan is unusual, if not unique, in providing coverage for trips of more than 30 days. Blue Cross no longer sells such a plan, and ours only continues to exist because it has been grandfathered. Extending coverage beyond 30 days for members over 65 is just not possible.

When we added up the costs of various options, we were struck by a colossal coincidence: Improving our dental coverage to the 2009 ABCDS and our drug coverage to 100% would cost (in round numbers) \$275 000, precisely the amount made available by the abolition of the Alberta Health premiums. We decided that this combination should be one of the two options proposed to our members. We had decided much earlier that we should provide an HSA as one of the alternatives since this option may be attractive to some of our members, particularly those who can coordinate benefits with a spouse's plan. We went forward with these two options to the membership, with the results you know.

I am aware that there are lots of other parts of our benefits plan that are suboptimal (to put it mildly). A couple of members have mentioned our physiotherapy coverage to me, which is limited to \$16 per visit, to a maximum of \$400 per plan participant. Obviously, this doesn't go very far. (One person talked to me after we had concluded our research and announced the poll, which is why we didn't look into this aspect of our benefits plan during this exercise.) I still think we're due for a serious overhaul of our benefits plan, but I'm starting to realize that this is going to have to be a long-range project. Still, there's no reason that we can't start to fix it now, even if we only clean it up one piece at a time. I would very much welcome comments from the community regarding the parts of the plan that do or don't work for you.

I have tried to avoid filling this column with numbers since that tends to get numbing after a while. If you are interested in additional details on any of the options we considered, I will be happy to provide them.

If you have read this far, you're probably more interested in benefits than the average ULFA member. Why not join EBC? We're negotiating next year, so it's going to be even more interesting than this year! (OK, so "interesting" may not be quite the right word...) The nominating committee is currently active. You can contact any member of the nominating committee, or I'll be happy to pass your name along to them. (The members of the nominating committee are listed elsewhere in this Newsletter.) EBC plays a supporting role during negotiations, so you won't necessarily end up at the bargaining table (unless you want to have this experience). The economic benefits negotiating team is made up of a combination of current and past EBC members, as well as other people who can help us out. Members of EBC are also welcome as observers at negotiations even if they don't formally join the negotiating committee, so you can get your feet wet by watching and perhaps discover an interest you didn't know you had.

Marc R. Roussel [roussel@uleth.ca]
Chair, ULFA EBC



ANNUAL GENERAL MEETING

**IS SCHEDULED FOR
WEDNESDAY
APRIL 29, 2009
12:00 NOON
IN
L1060**

PIZZA AND BEER

COUNCIL WILL MEET AT 11:00 A.M. (L1060)