## Dear Board and President Tribley,

I speak to you as a concerned faculty member. In December, the Health Welfare Cost Containment committee was asked to cut our health care spending in half, reducing it from 6 million annually to 3 million. We looked at four private plans and discovered that:

- 1) none of the plans offer a savings without significantly reducing the quality of coverage or without shifting cost to employees.
- 2) none of the plans are more stable; all of them experience regular premium increases greater than MPC's self-insurance plan. MPC's plan has been amazingly stable: in fact, Alliant told the HWCC at our last meeting that the past three years actual costs have been flat.
- 3) none of the plans would allow MPC the same degree of control over the plan.
- 4) all of the plans have concerns about the ACA, but the insurance representatives said that *they* will address ACA *after* we know more about how the tax will be implemented.

Given that there is no savings simply by changing, it is disappointing that the district continues to push for millions in concessions.

Consider that we have not had a raise in 7 years. Consider that in two of those years we helped the college by taking a pay cut. Consider the difficulty in getting our money back when it turned out the district received more money than expected.

I sit on other boards and I can tell you that most other public workers have received raises and none took voluntary pay cuts. For some of our employees with families, the proposed healthcare spending limit would be thousands of dollars in reduced total compensation.

To justify this, the district needs to prove a real, and not budgeted, structural deficit. Note that two years ago the district could not receive a bridge loan because the lending agency said we had too much in reserve. We are four years into an alleged structural deficit and have yet to touch our Economic Uncertainty Reserve.

In closing, it is demoralizing that the district is fixated on cutting benefits when we are among the lowest paid faculty in the state, haven't had a raise

in 7 years, and have lost 16.3% buying power as measured by CPI increases over that time. The proposed healthcare spending limit would put us at the very bottom of peer group schools in terms of healthcare too. Bad pay and bad benefits are not the way to reward employees who have sacrificed and helped you get through the last seven, difficult years. Please direct administration to focus on increasing enrollment to increase revenues, and make salary increases a priority, not by shifting compensation from benefits to wages, but a real increase to wages.

Sincerely,

Alan Haffa, Ph.D.