We gave Kaiser our remaining economic proposals, including to:

- Maintain current Retiree Health and Welfare benefits, with all employees, regardless of hire date, entitled to paid medical coverage upon retirement and an increased HRA allocation of $2000 per year of service, up from $1000.
- Provide a wage increase of 7.25 percent in 2018 to make up for increases Kaiser denied us in previous contract cycle; additional lump sum payouts based on earnings in 2016–2018 to all employees to also make up for previously withheld wage increase.
- Institute a Performance Incentive Plan, with metrics agreed to by employer and union.
- Increase the shift differential to $5/hour for hours worked between 9 p.m. and 7 a.m.
- Add 20-year and 25-year longevity steps.
- Increasing bilingual pay from $1 to $2 per hour.
- Adjust the wage scale to correct the disparity in wages between Medical Social Workers and our IBHS LCSWs, LMFTs, and LPCC.

We reached one more tentative agreement on “Probationary Employees,” limiting extensions of probation to a maximum of two months and requiring rehires with a break in service of over three years to serve a new probation.

In the afternoon, we engaged Kaiser’s team in serious discussion about Schedule Management. Our bargaining team gave many examples of how the current system does not accurately reflect the work we do and actually undermines our ability to provide quality patient care. While management has acknowledged issues with the current system, they insist that Schedule Management has increased productivity and patient access and they want to maintain this “capacity.”

Much more discussion is planned on this topic and we will continue to remind management that our members will never agree to a contract with any onerous productivity standard.