



**SUMMARY OF THE TENTATIVE AGREEMENTS
BETWEEN THE STATE OF MINNESOTA,
AFSCME COUNCIL NO. 5 AND MAPE**

Wages

The tentative agreement on wages applies to all AFSCME employees assigned to bargaining units 2, 3, 4, 6, 7, 8, and 25 and Unit 14 – MAPE.

July 1, 2009 – June 30, 2010

- Maintains current wages. No reductions or across-the-board increases.
- No step or progression increases.

July 1, 2010 – June 30, 2011

- Maintains current wages. No reductions or across-the-board increases.
- Step increases for employees who are not at the top of their salary range will be granted on the employee's eligibility date during the fiscal year.

Insurance

Advantage Medical Insurance

- No changes in plan design, with current 2009 plan cost-sharing continuing through plan year 2011 (see attached plan design sheet).
- Premium increase for 2010 = 0%
- Projected premium increase for 2011 = 6.7%
- Insurance year 2011 employer will provide a \$125 contribution to each employee's Health Reimbursement Arrangement (HRA).

Optional Life Coverage

- Employee and Dependent Optional Life No rate increase
- Accidental Death & Dismemberment (AD & D) No rate increase

Optional Life Coverage (continued)

There will be a limited open enrollment without evidence of insurability for employees and spouses who currently have optional life insurance, based on the amount the individual currently has in force, as follows:

Now insured for:	May add:
\$ 5,000 to \$39,999	\$ 5,000
\$40,000 to \$59,999	\$10,000
\$60,000 to \$79,999	\$15,000
\$80,000 to \$99,999	\$20,000
\$100,000 or more	\$25,000

· Voluntary AD & D	No rate increase
· Child Life	12% rate reduction
· Short Term Disability Insurance	No rate increase*
· Long Term Disability Insurance	No rate increase*
· Dental Insurance	2% reduction

*A reduction in the rates for short and long-term disability coverages is possible pending final renewal discussions with the insurance carrier, The Hartford.

Advantage Plan: Tentative Agreement as of 4/22/09
Total Premium Increases: 0% in 2010 & 6.7% in 2011

2010-2011 Benefit Provision	Level 1	Level 2	Level 3	Level 4
First \$\$ Deductible for <u>ALL</u> Services (except drugs and preventive) (S/F)	\$50/\$100	\$140/\$280	\$350/\$700	\$600/\$1,200
Office Visit Copay (waived for preventive) 1)Health Assessment with follow up coaching 2)No Health Assessment or no follow up coaching	\$17 \$22	\$22 \$27	\$27 \$32	\$37 \$42
Convenience Clinic Office Visit Copay (not subject to deductible)	\$10	\$10	\$10	\$10
Emergency Room Copay	\$75	\$75	\$75	Deductible and Coinsurance to OOP maximum
Per Inpatient Admission Copay* Per Outpatient Surgery Copay * Copay waived for Center of Excellence	\$85 \$55	\$180 \$110	\$450 \$220	Deductible and Coinsurance to OOP maximum; Coinsurance waived for COE
Participant Responsibility Coinsurance for MRI/CT Scan Services	5% after deductible	5% after deductible	10% after deductible	25% after deductible
Participant Responsibility Coinsurance for Services <u>NOT</u> Subject to Copays	5% after deductible	5% after deductible	10% after deductible	25% after deductible
Copay for Prescription Drug Plan (30-day supply)	\$10 Tier 1/ \$16 Tier 2 / \$36 Tier 3			
Maximum Drug Out-of-Pocket Limit (S/F)	\$800/\$1,600			
Maximum Non-Drug Out-of-Pocket Limit (S/F)	\$1,100/\$2,200			