State Coalition Insurance Tentative Agreement Summary

Section 3 – Eligibility for Employer Contribution

Ensure dependents of CERP retirees can continue coverage already elected if the retiree dies prior to age 65.

D. Special Eligibility

4. Corrections Early Retirement Incentive

In the event that a retired employee who had elected health and/or dental coverage with eligible dependents dies before attaining the age of sixty-five (65), the enrolled dependent spouse and/or enrolled dependent child(ren) shall maintain the existing employer contribution for health and/or dental coverages until such time that the employee would have turned age 65.

Section 4 – Amount of Employer Contribution

Shift to a percentage of premium from a flat dollar amount for employee premium. (This is not projected to negatively impact the amount of money spent on employee premium for PY 2024 and 2025).

B. **Contribution Formula - Dental Coverage.**

1. **Employee Coverage**. For employee dental coverage, the Employer contributes ~~an amount equal to the lesser of ninety percent (90%) of the employee premium of the State Dental Plan, or the actual employee premium of the dental plan chosen by the employee. However, for calendar years beginning January 1, 2019, the minimum employee contribution shall be thirteen dollars and fifty cents ($13.50) per month.~~ seventy percent (70%) of the employee premium of the dental plan.

2. **Dependent Coverage**. For dependent dental coverage, the Employer contributes ~~an amount equal to the lesser of~~ fifty percent (50%) of the ~~dependent premium of the State Dental Plan, or the actual~~ dependent premium of the dental plan ~~chosen by the employee~~.

Section 6 – Basic Coverages

Discontinuation of the Wellbeing Incentive Deductible Credit for 1/1/25, and elimination of cost sharing for mental health visits, effective 1/1/24.

Mental health visit copayments
Cost level 1: ~~$35~~ $0
Cost level 2: ~~$40~~ $0

Cost level 3~~: $70~~ $50
Cost level 4: ~~$90~~ $70
Effective date: 1/1/24
Waive deductible for Cost Levels 1 and 2

Addition of Fertility Services to Special Service Networks. (This change effectively removes it from pilot status, and codifies it in language).

a. **Special Service Networks**. The following services must be received from special service network providers in order to be covered. All terms and conditions outlined in the Summary of Benefits apply.

1) Mental health services – inpatient or outpatient.
2) Chemical dependency services – inpatient and outpatient.
3) Chiropractic services.
4) Transplant coverage.
5) Cardiac services.
6) Home infusion therapy.
7) Hospice.
8) Fertility Services.

Expansion of Out of Network Care Beyond Point of Services

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b. **Service Area.** The Minnesota Advantage Health Plan service area shall be comprised of all Minnesota counties as well as border communities, with the specific boundaries initially established by MMB and any changes thereafter mutually agreed to by the JLM.

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~~**i. Individuals whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in Advantage.**~~

~~(This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave (including spouses living out sabbatical leaves) and all dependent children (including college students) and of area.) The point of service (POS) benefit described below is available to these individuals. All terms and conditions outlined in the Summary of Benefits apply. This benefit is not available 72 for services received within the service areas of the health plans participating in Advantage.~~

~~1) Deductible. There is a three hundred fifty dollar ($350) annual deductible per person, with a maximum deductible per family per year of seven hundred dollars ($700).~~
~~2) Coinsurance. After the deductible is satisfied, seventy percent (70%) coverage up to the plan out-of-pocket maximum designated below~~

i. Health Care Services Received Outside the Minnesota Advantage Health Plan's Service Area

For covered services received by employees, former employees, and dependents outside of the Advantage service area, all care that is received within the national network of the member's plan administrator will be covered at Benefit Level 3, with a separate out-of-area deductible.
Urgent care and emergency care will be covered at Benefit Level 3 whether or not the providers are within the member's plan administrator's national network. All other out-of-area care must be received within the given plan administrator's national network to be covered by the plan. Referrals are not required for care received outside of the Advantage Plan's service area.

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g. Individuals whose permanent residence and principal work location are outside the State of Minnesota and outside of the Advantage Plan's service areas ~~of the health plans participating in Advantage~~. If these individuals use a provider within the plan administrator's national network ~~preferred provider organization in their area~~, services will be covered at Benefit Level Two. If a national network ~~preferred~~ provider is not available in their area, services will be
covered at Benefit Level Two through any other provider available in their area. If a ~~the~~ national network ~~preferred~~ provider ~~organization~~ is available but not used, benefits will be covered at Benefit Level Three. ~~paid at the POS level described in paragraph "i" below.~~ All terms and conditions outlined in the Summary of Benefits will apply.

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h. Children living with an ex-spouse outside the Advantage Plan's service ~~area of the employee's plan administrator~~. Covered children living with former spouses outside the service area ~~of the employee's plan administrator~~, and enrolled under this provision as of December 31,
2003, will be covered at Benefit Level Two ~~benefits~~. If available, care must be received ~~services must be provided~~ by providers in the plan administrator's national network ~~preferred provider~~
~~organization~~. If a ~~the~~ national network ~~preferred~~ provider ~~organization~~ is available but not used, benefits will be covered at Benefit Level Three. ~~paid at the POS level described in paragraph "i" below~~.

Explicit understanding that medically necessary dental procedures resulting from cancer treatment are covered by the medical plan.

To be added to post-bargaining memo for updating Summary Plan document: The plan provides coverage for medically necessary dental procedures that are a direct result of cancer treatment, including chemotherapy, biotherapy, and radiation therapy. The plan provides coverage for evaluations and examinations, laboratory assessments, medications, and treatments associated with the medically necessary dental procedures resulting from cancer treatment.

Addition of JLM RFP Procurement Process for Basic (and Optional) Life Insurance
B. Employee Life Coverage.
3. Procurement. A life insurance Request for Proposals (RFP) may be issued during the term of this labor agreement. This RFP may result in changes to the current life insurance benefit. The Joint Labor Management Committee on Health Plans (JLM) will participate in the life insurance RFP process and the JLM must agree to changes that modify the life insurance provisions from status quo benefit levels.

Section 7 – Optional Coverages

Raise Annual Dental Maximum to $2200
Annual Maximums. State Dental Plan coverage is subject to a two thousand and two hundred dollar ($2200) ~~two thousand dollar ($2000)~~ annual maximum benefit payable (excluding orthodontia and preventatives services) per person. "Annual" means per insurance year.

Clarify that an employee who has met their lifetime maximum on orthodontia as a dependent, will have their own lifetime maximum on their own policy.

d. Orthodontia Lifetime Maximum. Orthodontia benefits are subject to a three thousand dollar ($3000) lifetime maximum benefit. If an employee elects dental benefits on their own policy, dollars spent when the employee was a dependent of another policyholder shall not be applied toward the new policy's lifetime maximum.

Change the Paid Up Life Policy from 15% to 20%
B. Life Coverage
6. Paid Up Life Policy. At age sixty-five (65) or the date of retirement, an employee who has carried optional employee life insurance for the five (5) consecutive years immediately preceding the date of the employee's retirement or age sixty-five (65), whichever is later, shall receive a post-retirement paid-up life insurance policy in an amount equal to ~~fifteen (15) percent~~ twenty (20) percent of the smallest amount of optional employee life insurance in force during that five (5) year period. The employee's post-retirement death benefit shall be

effective as of the date of the employee's retirement or the employee age sixty-five (65), whichever is later. Employees who retire prior to age sixty-five (65) must be immediately eligible to receive a state retirement annuity and must continue their optional employee life insurance to age sixty-five (65) in order to remain eligible for the employee post-retirement death benefit.

An employee who has carried optional spouse life insurance for the five (5) consecutive years immediately preceding the date of the employee's retirement or spouse age sixty-five (65), whichever is later, shall receive a post-retirement paid-up life insurance policy in an amount equal to ~~fifteen (15) percent~~ twenty (20) percent of the smallest amount of optional spouse life insurance in force during that five (5) year period. The spouse post-retirement death benefit shall be effective as of the date of the employee's retirement or spouse age sixty-five (65), whichever is later. The employee must continue the full amount of optional spouse life insurance to the date of the employee's retirement or spouse age sixty-five (65), whichever is later, in order to remain eligible for the spouse post-retirement death benefit.

Each policy remains separate and distinct, and amounts may not be combined for the purpose of increasing the amount of a single policy.

Addition of JLM RFP Procurement Process for Basic and Optional Life Insurance

7. Procurement. A life insurance Request for Proposals (RFP) may be issued during the term of this labor agreement. This RFP may result in changes to the current life insurance benefit. The Joint Labor Management Committee on Health Plans (JLM) will participate in the life insurance RFP process and the JLM must agree to changes that the optional life insurance provisions from status quo benefit levels.

Addition of JLM RFP procurement process for Disability Insurance.

C. Disability Coverage

3. Procurement. A disability insurance Request for Proposals (RFP) may be issued during the term of this labor agreement. This RFP may result in changes to the current disability coverage benefit. The Joint Labor Management Committee on Health Plans (JLM) will participate in the disability coverage RFP process and the JLM must agree to changes that modify the disability coverage provisions from status quo benefit levels.

Technical Changes (Note that any references to language besides the technical changes themselves are from the 2021-2023 agreement, and will not be reflective of changes agreed to during 2023 insurance negotiations).

Technical change #1 – clarify vision coverage

Page 56:

Section 1. State Employee Group Insurance Program (SEGIP).

During the life of this Agreement, the Employer agrees to offer a Group Insurance Program that includes health, dental, life, vision, and disability coverages equivalent to existing coverages, subject to the provisions of this Article. All insurance eligible employees will be provided access to an electronic summary of benefits (SOB) or certificate of coverage (COC) for each insurance product. These documents shall be provided no less than biennially and prior to the beginning of the insurance year.

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E. Vision Coverage.

~~A fully employee paid vision benefit will be available beginning January 1, 2021 subject to agreement by the subcommittee of the Joint Labor Management Insurance Committee to the benefit set determined through the state's Request for Proposal (RFP) process.~~ Under the life of this agreement, an optional and fully employee-paid vision benefit will be available pursuant to contract parameters with the State's vision vendor.

Technical change #2 – update year references

Roll dates forward to reflect new contract period (multiple pages)

Technical change #3 – removed outdated references

Page 63:

Section 5. Coverage Changes and Effective dates.

A. When Coverage May be Chosen.

3. Waiving Medical Coverage~~. Effective July 1, 2017~~

Employees may choose to waive medical coverage. If an employee is eligible for the full employer contribution and desires to waive medical coverage, the employee must submit a Waiver of Medical Coverage form and provide proof of other coverage by the end of the employee's enrollment period. If an employee does not submit the form and proof by the end of the employee's enrollment period, the employee will be enrolled in medical coverage, with the next opportunity to waive coverage during Open Enrollment or upon a permitted Qualified Life Event. If an employee waives medical coverage, the employee can elect it again during the next Open Enrollment or midyear upon a permitted Qualified Life Event.

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Section 5. Coverage Changes and Effective dates.

D. Open Enrollment.

1. Frequency and Duration.

There shall be an open enrollment period for health coverage in each year of this Agreement, and for dental coverage in the first year of this Agreement. ~~Dental coverage will be offered during the 2023 plan year Open Enrollment. Each year of the Agreement, all employees shall have the option to complete a Health Assessment.~~ Open enrollment periods shall last a minimum of fourteen (14) calendar days in each year of the Agreement. Open enrollment changes become effective on January 1 of each year of this Agreement. Subject to a timely contract settlement, the Employer shall make open enrollment materials available to employees at least fourteen (14) days prior to the start of the open enrollment period.

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Section 7. Optional Coverages

A. Employee and Family Dental Coverage.

~~1. Coverage Options. Eligible employees may select coverage under any one of the dental plans offered by the Employer, including health maintenance organization plans, the State Dental Plan, or other dental plans. Coverage offered through health maintenance organization plans is subject to change during the life of this Agreement upon action of the health maintenance organization and approval of the Employer after consultation with the Joint Labor/Management Committee on Health Plans. However, actuarial reductions in the level of HMO coverages effective during the term of this Agreement, including increases in copayments, require approval of the Joint Labor/Management Committee on Health Plans. Coverage offered through the State Dental Plan is determined by Section.~~

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Section 6. Basic Coverages

A. Employee and Family Health Coverage.

2. Coverage Under the Minnesota Advantage Health Plan

a. Benefit Options

2) Benefit Level. The primary care clinics available through each plan administrator are assigned a Benefit Level. The Benefit Levels are outlined in the benefit chart below. Primary care clinics may be in different Benefit Levels for different plan administrators. Family members may be

enrolled in clinics that are in different Benefits Levels. Employees and their dependents may change to clinics in different Benefit Levels during the annual open enrollment. Employees and their dependents may also elect to move to a clinic in a different Benefit Level within the same plan administrator ~~up to two (2) additional times during the plan year~~ by calling their plan administrator, with changes typically effective the following day. Unless the individual has a referral from their primary care clinic, there are no benefits for services received from providers in Benefit Levels that are different from that of the primary care clinic in which the individual has enrolled.

Technical change #4 – clarify dependent coverage

Page 56:

Section 2. Eligibility for Group Participation.

C. Dependents. Eligible dependents for the purposes of this Article are as follows:

6. Child Coverage Limited to Coverage Under One Employee.

If both spouses work for the State or another organization participating in the State's Group Insurance Program, either spouse, but not both, may cover the eligible dependent children or grandchildren. This restriction also applies to two divorced, legally separated, or unmarried employees who share legal responsibility for their eligible dependent children or grandchildren. A member in the State's Group Insurance benefits may only be covered once, by one parent or guardian.

Technical change #5 – correct inaccurate CERP section references in AFSCME contract

Pages 60-61:

Section 3. Eligibility for Employer Contribution.

D. Special Eligibility.

4. Corrections Early Retirement Incentive.

a. Corrections Early Retirement Incentive Options. Any employee who is employed in a classification covered by the Correctional Employees Retirement Plan (M.S. §§352.91 and 352.911) shall be eligible to retire under one of the following Corrections Early Retirement Incentive programs if the conditions for eligibility as set forth in Section ~~3C4b~~ 3D4b below are met.

1) **Pre-Fifty-Five Corrections Early Retirement Incentive**. Any employee who attains the age of fifty (50) after the effective date and before the expiration date of the contract and who is employed in a classification covered by the Correctional Employees Retirement Plan (M.S. §§352.91 and 352.911) who retires at or after their fiftieth (50th) birthday but before their fifty-fifth (55th) birthday shall be entitled to participate in the Pre-Fifty-Five (55) Corrections Early Retirement Incentive in accordance with the provisions set forth in Section ~~3C4b~~ 3D4b below

2) **Post-Fifty-Five Corrections Early Retirement Incentive.** Any employee who attains the age of fifty-five (55) after the effective date and before the expiration date of the contract and who is employed in a classification covered by the Correctional Employees Retirement Plan (M.S. §§352.91 and 352.911) may opt during the pay period in which their fifty-fifth (55th) birthday occurs or any time thereafter until the employee attains the age of sixty-five (65) to participate in the Post-Fifty-Five Corrections Early Retirement Incentive in accordance with the provisions set forth in Section ~~3C4b~~ 3D4b below.

Section 3. Eligibility for Employer Contribution.

D. Special Eligibility.

4. Corrections Early Retirement Incentive.
b. Conditions for Eligibility.

1) CERP Employees Who Are Covered by This Agreement Before July 1, 2009
f) Employees on an unpaid leave of absence in excess of one (1) year, excluding military and medical leaves, shall be subject to the provisions in Section ~~3C4b2)~~ 3D4b2 below.

Technical change #6 – correct inaccurate list of services not requiring PCC referral

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Section 6. Basic Coverages
A. Employee and Family Health Coverage.
2. Coverage Under the Minnesota Advantage Health Plan.
d. In-Area Services Not Requiring Referral From Authorization by a Primary Care Physician Within the Primary Care Clinic.

1) Routine Eye Exams. Limited to one (1) routine examination per year for which no copay applies. Eye injury or illness at an in-network provider will be covered as an office visit based on the benefit level in which the individual is enrolled.
2) ~~Outpatient~~. Emergency and ~~Urgicenter~~ Services and Urgent Care. ~~Within the Service Area~~. The emergency room copay applies to all outpatient emergency visits that do not result in hospital admission within twenty-four (24) hours. ~~The urgicenter copay is the same as the primary care clinic office visit copay.~~
3) ~~Emergency and Urgently Needed Care Outside the Service Area. Professional services of a physician, emergency room treatment, and inpatient hospital services are covered at eighty percent (80%) of the first two thousand dollars ($2,000) of the charges incurred per insurance year, and one hundred percent (100%) thereafter. The maximum eligible out-of-pocket expense per individual per year for this benefit is four hundred dollars ($400). This benefit is not available when the member's condition permits them to receive care within the network of the plan in which the individual is enrolled.~~
4) Obstetrics and gynecological care
5) Mental health care and substance use disorder treatment
6) Chiropractic care

Proposals Moved to Other Tables:

- .4 FTE full employer contribution to MNA table.
- CERP retiree premium parity moved to MAPE table.

Discussions for JLMC during the life of this agreement:

- Gender affirming care (continued coverage) to JLMC as a priority.
- Vision coverage to JLMC as a priority.
- Steady Cost Level for members where level 2 clinic changes annually to JLMC as a priority.
- Discussion on what plan administrators can and do offer on health care member discounts to JLMC.