

May 5, 2021

To: Lorna Smith, Director
State Employee Group Insurance Program

From: Melinda Pearson, State Field Director
AFSCME Council 5
Coalition Union Team

Re: 2021-2023 Coalition Insurance Negotiations – Union’s Opening Proposal

Please find below a summary of each of the modifications/clarifications/additions developed by the Coalition Team for the 2021-2023 round of bargaining. Although we consider this to be our comprehensive package, we reserve the right to add, drop or amend proposals as necessary.

ARTICLE XX – INSURANCE

Section 2. Eligibility for Group Participation

A. Employees – Basic Eligibility

1. Employees who work 33% of the full time assignment will be eligible for group participation.

C. Dependents

2. Provide that same or alternate sex domestic partners of the eligible employee are eligible dependents for health insurance coverage

2. Children

3. Dependent coverage after the age of 26.

D. Continuation Coverage

4. If an employee dies while still actively employed for the state, and is insurance eligible, any dependents the employee has may continue coverage at the same premium rate as if the employee was alive and employed. If the dependent is a child, they may maintain their coverage until age 26*. If the dependent is a spouse, they may maintain their coverage until age 65, or the age of Medicare eligibility.

*reaching current maximum age for coverage of dependent children.

Section 3. Eligibility for Employer Contribution

A. Full Employer Contribution – Basic Eligibility

5. Addition of part time state workers (50%-80% FTE) to receive full employer contribution to individual and dependent coverage from the state.

D. Special Eligibility

2. Employees on Layoff

6. Include IFO coaches in the special eligibility for employer contribution that provides for 12 months of employer paid health insurance upon layoff when their intercollegiate sports team is eliminated, and allow coaches the same ability as laid off faculty to continue paying the group rate at their own expense for an additional 30 months.

4. Corrections Early Retirement Incentive

7. Eliminate increase to insurance premiums for retired MAPE employees in the CERP plan.

5. NEW – Temporary Unclassified Employees

8. Give 3 months of health insurance coverage with full employer contribution for temporary, unclassified employees whose appointment ends early for reasons other than termination.

Section 5. Coverage Changes and Effective Dates

C. Effective Date of Coverage

9. Eliminate 35 day waiting period for new hires to be covered by insurance.

Section 6. Basic Coverages

A. Employee and Family Health Coverage

2. Coverage Under the Minnesota Advantage Health Plan

a. Benefit Options

10. Increase Level 2 clinic access in greater Minnesota.
11. Restrict clinic tiers from being changed not more than once every three years.

4. Advantage Benefit Chart for Services Incurred During Plan Years 2022 and 2023

b. Office Visit Co-Payments

12. In 2022, employees will receive a \$150 first-dollar deductible credit to their deductible, including for family coverage conditional upon completion of qualifying activities in the State of Wellbeing program.
13. Members with chronic conditions should not have to pay co-pays for follow up doctor appointments, or medications involved to treat that condition.
14. No co-pay to be charged for a visit to receive a referral to a specialist.

15. One co-pay charge per office visit.
16. Lower all copays by \$5.00.
17. Allow naturopath and functional doctors to be covered.
18. Increase coverage for fertility services.
19. Increase hearing aid coverage for 20% coinsurance of the prescribed hearing aid, instead of 20% coinsurance for the standard hearing aid, with additional cost to the employees.
20. Add 3D mammograms to covered care for anyone needing a mammogram.
21. Add experimental treatments to covered treatments.
22. Add coverage for certified massage therapists, as prescribed by a physician.

f. Special Service Networks

23. Add comprehensive mental and chemical dependency healthcare to the State's Healthcare Program. This will include therapists, psychologists, and counselors to be considered preventative healthcare instead of specialty office visits. These will be recommended and documented by the employee's primary healthcare provider.
24. Increase access to culturally competent BIPOC mental health care providers.

5. Health Promotion and Health Education

25. Fitness club reimbursement, possibly add a sick leave conversion to pay for wellness expenses, like fitness/health club membership.
26. Add more conditions to the value based programs, such as: depression/anxiety, PTSD, chronic pain, sleep apnea, smoking, asthma, heart disease

Section 7. Optional Coverages

A. Employee and Family Dental Coverage

27. Increase the annual maximum dental benefit from \$2000 to \$3000.
28. Lower co-pays for dental visits.
29. In-network dental and orthodontia providers within 30 miles of every work location.

- 30. Allow dental open enrollment on an annual basis.
- 31. Include coverage of fluoride treatments for adults.
- 32. Increase the orthodontia lifetime maximum to \$6000.

B. Life Coverage.

6. Paid Up Life Policy

- 33. Increase paid up life insurance value at the time of retirement from 15% to 20%.

C. Disability Coverage

- 34. Allow short term disability enrollment in each year of the contract.

E. Vision Coverage

- 35. Employer to contribute to the vision plan coverage.

The Union reserves the right to add, amend, or delete through the course of bargaining.