

MEMORANDUM OF AGREEMENT

Between

The City of Saint Paul

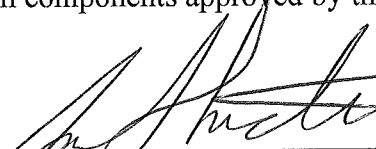
And

**AFSCME Council 5 (Locals 1842, 2508, 3757), CCEA, FIRE FIGHTERS Local 21,
FSA Local 3939, MACHINISTS, MANUAL & MAINTENANCE SUPERVISORS
ASSOCIATION, OPERATING ENGINEERS Local 70,
POLICE FEDERATION, PEA, SPSO, & TRI-COUNCIL (Locals 49, 120, 363)
FOR 2019**

This MOA is entered into by the City of Saint Paul and the above listed Unions for the purpose of establishing Health Insurance contribution rates and VEBA contribution rates for 2019. The previous MOA which was signed by the parties below was based on the expectation that health insurance premiums would increase by the maximum 6% cap as negotiated with Medica. The actual premium increase for 2019 from Medica is 5.7%. Based on this change, the parties agree to the following:

- 1) City agrees to continue to pay the administrative costs for FSA and the HRA and the premium for the preventive dental benefit. The employee will continue to pay the premiums for any elective dental insurance coverage purchased by the employee. Note: The cost of the preventative dental was removed from the calculation in 2019 since the City is now responsible for the full cost of preventive dental.
- 2) The provisions of the August 1, 2017 MOA for Health Insurance for 2018 -2020 (the "2017 MOA") and the language of the respective collective bargaining agreements incorporating the provisions of the 2017 MOA are amended with regard to 2019 as provided in the attached Appendix A. Except as expressly amended as provided in Appendix A, all other provisions of the 2017 MOU and the collective bargaining agreements remain in full force and effect.
- 3) This language does not alter or change the City's commitment to make pro-rata contributions for part-time employees as stated in applicable contracts.
- 4) The parties agree to accept the wellness program components approved by the LMCHI.

FOR THE CITY:



Jason Schmidt,
Labor Relations Manager

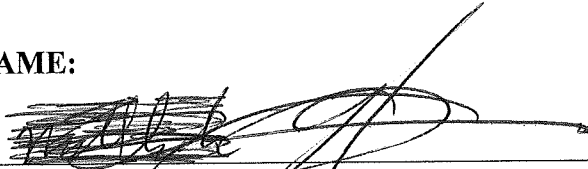
10/10/18

Date


UNION:

NAME:

AFSCME Clerical, Local 2508



AFSCME Technical, Local 1842



AFSCME Legal, Local 3757



Classified Confidential Employees Assn (CCEA)



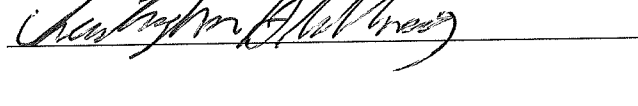
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Fire Fighters, Local 21 

Fire Supervisory Association, Local 3939 


Machinists, District Lodge No. 77 

Manual & Maintenance Supervisors Assn 

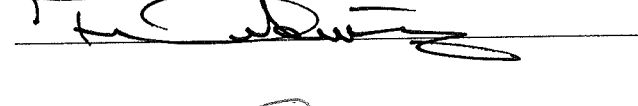
Operating Engineers, Local 70 

Saint Paul Police Federation 

Professional Employees Association (PEA) 

Saint Paul Supervisor's Organization (SPSO) 

Tri-Council LIUNA Laborers Local 363 

Tri-Council General Drivers Local 120 

Tri-Council Operating Engineers Local 49 

APPENDIX A

Effective **January 2019**, for each eligible employee covered by this Agreement who is employed full-time and who selects City-provided employee health insurance coverage, the Employer agrees to contribute the following amounts per month:

Choice Passport Plan:

2018 contributions plus eighty-two and one-half percent (82.5%) of the premium increase for 2019, after any plan design changes; employees shall be responsible for the 2018 employee contribution, plus seventeen and one-half percent (17.5%) of the premium increase for 2019, after any plan design changes.

Based on a 5.7% premium increase, this results in the following Employer contributions:

Single: \$621.06, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$6.24/month.

The parties have agreed, however, that the employee's share of the single coverage premium payable in 2018 will be shifted to 2019 thereby increasing the employee's share of the single coverage premium for 2019 to \$6.56/month.

Family: \$1,449.55, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$188.90/month.

Elect Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2019; or the actual cost of the Elect Plan premium. Employees shall be responsible for the difference between the monthly premium and the Employer's monthly contribution.

Based on a 5.7% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

Single: \$584.14, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$0.00/month.

Family: \$1,449.55 plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$76.02/month.

APPENDIX A (Continued)

ACO Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2019; or the actual cost of the ACO Plan premium. Employees shall be responsible for the difference between the monthly premium and the Employer's monthly contribution.

Based on a 5.7% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

Single: \$565.64, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$0.00/month.

Family: \$1,449.55, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2018 Wellness Program).
Employee share: \$27.66/month.

Passport Copay Plan:

Single: \$398.88 (Employee share: \$403.22/month)
Family: \$748.22 (Employee share: \$1,355.76/month)