

MEMORANDUM OF AGREEMENT

Between

The City of Saint Paul

And

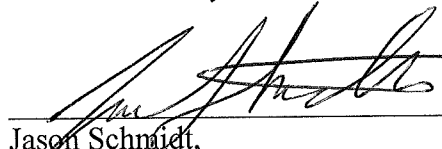
**AFSCME Council 5 (Locals 1842, 2508, 3757), CCEA, FIRE FIGHTERS Local 21,
FSA Local 3939, MACHINISTS, MANUAL & MAINTENANCE SUPERVISORS
ASSOCIATION, OPERATING ENGINEERS Local 70,
POLICE FEDERATION, PEA, SPSO, & TRI-COUNCIL (Locals 49, 120, 363)
FOR 2018-2020**

AGREED ON AUGUST 1, 2017

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 2018, 2019 and 2020. The terms of this MOA shall be included in the succeeding Collective Bargaining Agreements for all the above Unions and the City.

- 1) City agrees to continue to pay the administrative costs for FSAs and HRA.
- 2) The terms to be implemented in each Collective Bargaining Agreement pertaining to City contributions for health insurance premiums and VEBA accounts for eligible employees in 2018, 2019 and 2020 are included in the attached Appendix A.
- 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.
- 5) The parties agree to the plan design changes recommended by the LMCHI.

FOR THE CITY:


Jason Schmidt,
Labor Relations Manager

9/7/17
Date

UNION:

NAME:

AFSCME Clerical, Local 2508

AFSCME Technical, Local 1842

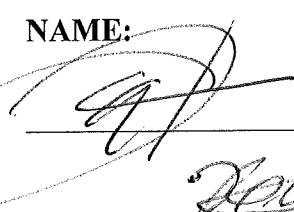
AFSCME Legal, Local 3757

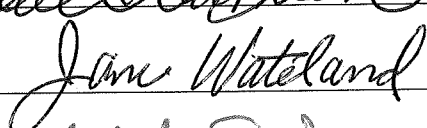
Classified Confidential Employees Assn (CCEA)

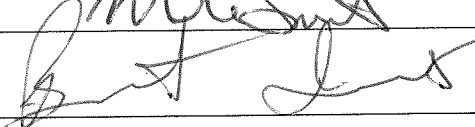
Fire Fighters, Local 21

Fire Supervisory Association, Local 3939

Machinists, District Lodge No. 77

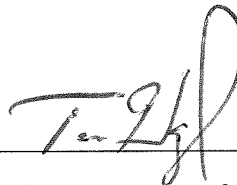


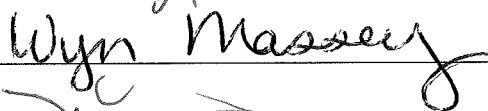



Memorandum of Agreement
2018-2020 Health Insurance & VEBA Contribution Rates
Page Two

Manual & Maintenance Supervisors Assn



Operating Engineers, Local 70



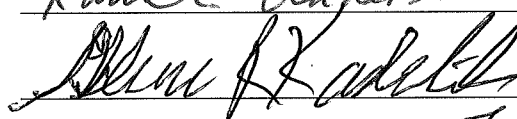
Saint Paul Police Federation



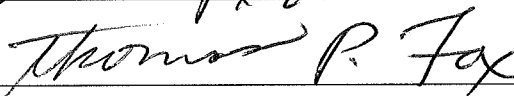
Professional Employees Association (PEA)



Saint Paul Supervisor's Organization (SPSO)



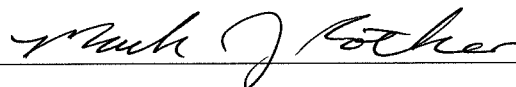
Tri-Council LIUNA Laborers Local 363



Tri-Council General Drivers Local 120



Tri-Council Operating Engineers Local 49



APPENDIX A

Effective **January 2018**, 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:

2017 contributions plus eighty-two and one-half percent (82.5%) of the premium increase for 2018, after any plan design changes; employees shall be responsible for the 2017 employee contribution, plus seventeen and one-half percent (17.5%) of the premium increase for 2018, after any plan design changes.

Based on a 0.3% premium increase, this results in the following Employer contributions:

- Single: \$613.18, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$0.32/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 reducing the employee's share of the single coverage premium for 2018 to \$0.00.
- Family: \$1,430.48, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$173.44/month.

Elect Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2018; 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 0.3% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

- Single: \$572.66, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$0.00/month.
- Family: \$1,430.48, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$66.66/month.

ACO Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2018; 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 0.3% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

- Single: \$555.16, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$0.00/month.

APPENDIX A (Continued)

ACO Plan (Continued)

Family: \$1,430.48, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2017 Wellness Program).
Employee share: \$20.90/month.

Passport Copay Plan:

Single: \$398.88 (Employee share: \$379.98/month)
Family: \$748.22 (Employee share: \$1,296.12/month)

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 6.0% premium increase, this results in the following Employer contributions:

Single: \$642.52, 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: \$6.54/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 \$6.86/month.

Family: \$1,507.16, 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: \$189.70/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 6.0% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

Single: \$605.80, 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: \$1,507.16 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: \$76.52/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 6.0% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

- Single: \$587.26, 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: \$1,507.16, 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: \$28.02/month.

Passport Copay Plan:

- Single: \$398.88 (Employee share: \$425.50/month)
Family: \$748.22 (Employee share: \$1,415.54/month)

Effective **January 2020**, 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:

2019 contributions plus eighty-two and one-half percent (82.5%) of the premium increase for 2020, after any plan design changes; employees shall be responsible for the 2019 employee contribution, plus seventeen and one-half percent (17.5%) of the premium increase for 2020, after any plan design changes.

Based on a 6.0% premium increase, this results in the following Employer contributions:

- Single: \$673.64, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$13.14/month.
- Family: \$1,588.48, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$206.96/month.

Elect Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2020; 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.

APPENDIX A (Continued)

Elect Plan (Continued)

Based on a 6.0% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

- Single: \$640.96, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$0.00/month.
- Family: \$1,588.48 plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$86.98/month.

ACO Plan:

The lesser of the Employer's contribution for the Choice Passport Plan for 2020; 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 6.0% premium increase for the Choice Passport Plan, this results in the following Employer contributions:

- Single: \$621.28, plus \$75 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$0.00/month.
- Family: \$1,588.48, plus \$45 per month to be deposited in a VEBA account (plus an additional \$75 per month in a VEBA for completion of 2019 Wellness Program).
Employee share: \$35.58/month.

Passport Copay Plan:

- Single: \$398.88 (Employee share: \$473.72/month)
Family: \$748.22 (Employee share: \$1,542.00/month)

Allocation of VEBA Contribution for Wellness Completion:

If approved by consensus of the LMCHI, the amount of the Employer's VEBA contribution for wellness completion may be split based on different levels of completion as determined by the LMCHI.