SUMMARY OF WAGE AND INSURANCE PROVISIONS IN THE AGREEMENT
BETWEEN THE STATE OF MINNESOTA AND AFSCME UNIT 208
July 1, 2019 – June 30, 2021

Wages

Two and one-quarter percent (2.25%) general wage increase effective July 1, 2019. Employees whose rate of pay is at or over the new maximum rate are not eligible for this increase.

Two and one-half percent (2.5%) general wage increase effective July 1, 2020. All employees are eligible for this wage increase.

Progression step increases averaging 2.87% are available to employees in both fiscal years on the employee’s anniversary date. Employees at the maximum rate of their salary range are not eligible for progression step increases. Approximately 73% of employees are eligible for progression step increases during the fiscal year. Progression step increases are delivered on an annual basis.

Effective January 1, 2020, Compensation Grid 8 (Grid 8) will be modified as provided in Appendix E-1 of the 2019-2021 contract. As a result, an employee’s hourly rate will remain the same after the modification, with two exceptions: 1) Employees below the minimum rate of the Grid 8 will be placed at Step 1 of the range associated with their job classification, and; 2) Employees who have been at the top step of Range 2 or Range 3 of Grid 8 for one year or more as of January 1, 2020, will receive a single step increase. The modification to Grid 8 shall not change an employee’s eligibility for step progression increases.

Insurance

1. Medical plan: Effective January 1, 2020:

   a. Annual first dollar deductibles will increase from:
      $150/$300 to $250/$500 in Cost Level 1
      $250/$500 to $400/$800 in Cost Level 2
      $550/$1,100 to $750/$1,500 in Cost Level 3
      $1,250/$2,500 to $1,500/$3,000 in Cost Level 4

   b. Member cost-sharing for office visits will increase from:
      $25/$30 to $30/$35 in Cost Level 1
      $30/$35 to $35/$40 in Cost Level 2
      $60/$65 to $65/$70 in Cost Level 3
      $80/$85 to $85/$90 in Cost Level 4

   c. Member cost-sharing for Lab, Pathology and X-ray will increase from:
      5% coinsurance to 10% coinsurance in Cost Level 1 and Cost Level 2

   d. Member cost-sharing for MRI/CT Scans will increase from:
      5% coinsurance to 10% coinsurance in Cost Level 1
      10% coinsurance to 15% coinsurance in Cost Level 2
      20% coinsurance to 25% coinsurance in Cost Level 3
25% coinsurance to 30% coinsurance in Cost Level 4

e. The plan maximum out-of-pocket expense (excluding prescriptions) will increase from:
   $1,200/$2,400 to $1,700/$3,400 in Cost Level 1 and Cost Level 2
   $1,600/$3,200 to $2,400/$4,800 in Cost Level 3
   $2,600/$5,200 to $3,600/$7,200 in Cost Level 4

f. Member cost-sharing for prescription drugs will increase from:
   $14/$25/$50 to $18/$30/$55 for all Cost Levels
   $800/$1,600 to $1,050/$2,100 for all Cost Levels

g. The plan maximum out-of-pocket expense for prescription drugs will increase from:

2. Dental plan:

   a. Effective January 1, 2020, the following benefit changes will take place:

      i. Preventive Services will be excluded from the annual $2,000 maximum

      ii. The lifetime maximum for Orthodontia benefits will increase from $2,400 to $3,000