

September 19, 2007

VIA FACSIMILE

Jerri Denton, Chief Negotiator
Office of Administration/Div of Personnel
430 Truman Building, 301 West High Street
Post Office Box 388
Jefferson City, MO 65102

RE: Contract Negotiations

Dear Ms. Denton:

As the exclusive bargaining representative for all eligible employees in the Department of Social Services for the State of Missouri we hereby request the State of Missouri provide all items in the attached list so we may adequately prepare for negotiations.

Please provide the information within seven (7) days of receipt of this letters.

Sincerely,

Tom Newport
District Organizing Coordinator

Employment Data Request

1. Please provide a database (preferably in Excel format) including the following items for each employee in the bargaining unit, as of September 1, 2007:
 - a. Job Title
 - b. Home address (include city, state & zip code)
 - c. Work Location
 - d. Geographical Wage Zone, if applicable
 - e. Zip Code of Work Location
 - f. Pay Rate
 - g. Full-time or Part-time?
 - h. Normally Scheduled Hours
 - i. Date of Hire
 - j. Date of Birth
 - k. Total Pension Credited Service to September 1, 2007
2. Summary employment statistics, including:
 - a. Average wage by job title
 - b. Number of full-time, part-time employees by job title]
 - c. Number of full-time and part-time temporary employees by job title
 - d. Average length of service (mean, medium and mode) for all full time and part time temporary employees by job title
 - e. Average scheduled workweek by job title
3. For each title, please supply the following for each pay period during 2006 and 2007:
 - a. total hours worked and dollars paid
 - b. hours worked and dollars paid at *time and a half*
4. Please supply total hours of holidays paid in 2005 and 2006 along with the total annual cost of those hours.
5. Please supply total hours of vacation taken and paid during 2005 & 2006 and the total annual cost of those hours.

Health Care Data Request

1. General
 - a. Provide copies of current summary plan description for the benefit plan(s) for active (and retired, if applicable) employees.
 - b. Provide copies of utilization studies, cost experience analysis or other evaluative reports regarding cost and use of state-sponsored health benefits.
 - c. Whenever possible, for information requested in this document, please provide in electronic format. For data tables, Excel spreadsheets are requested.

2. Annualized Cost and Utilization Data: Provide the following information for 2006 for active employees and for retirees:
 - a. Provide average enrollment count for each type of coverage (employee only, employee and spouse, and/or employee and family).
 - b. Provide average utilization per covered employee and total expense, by type of plan, for each of the following:
 - i. Office visits
 - ii. Specialist office visits
 - iii. Emergency Room visits
 - iv. Hospital admissions
 - v. Hospital stay
 - vi. Retail Prescriptions:
 1. Generic
 2. Brand Formulary (if applicable)
 3. Brand
 - vii. Mail-Order Prescriptions:
 1. Generic
 2. Brand Formulary (if applicable)
 3. Brand
 - viii. Provide total dollar amount of medical expense for each type of coverage (employee only, employee and spouse and/or employee and family) and by type of plan.
 - ix. Provide average claims cost per employee for each type of coverage and by type of plan.
 - x. Provide projected annual cost experience of the medical plan(s) for the next five years. Provide costs on per employee basis and for total bargaining unit. Include methodology and assumptions.

3. Employee and Retiree Health Care Costs

Provide the following information for 2006. Provide separately for active and retired employees, if applicable.

a. Indicate dollar amount of incurred claims and net plan benefits payable. Provide information for indemnity plan, if applicable. Provide the information according to the following format:

- i. Total Submitted Claims \$ _____
- ii. Amount of Claims Not Covered \$ _____
- iii. By reason not covered (iii.1+ iii.2 = ii) :
 - 1. Expense Excluded \$ _____
 - 2. R&C or Discount Reductions \$ _____
- iv. Total Covered Claims (i + ii) \$ _____
- v. Total Employee Payments \$ _____
- vi. By Type of Payment (vi.1+vi.2+vi.3=v):
 - 1. Deductible \$ _____
 - 2. Coinsurance \$ _____
 - 3. Copayment \$ _____
- vii. Plan Benefits Payable (iv - v) \$ _____
- viii. Other Plan Savings (viii1 + viii2) \$ _____
 - 1. COB \$ _____
 - 2. Other \$ _____
- ix. Net Plan Benefits Payable (vii - viii) \$ _____

b. Indicate the number of employees with Class II dependents, number of Class II dependents enrolled, monthly premium charged, total claims incurred by Class II dependents, and average cost per dependent.

4. Plan Administration

Provide the following information for 2006. Provide separately for active employee plans and plans for retired employees:

- a. Provide total dollar amount of administrative costs for health benefits program, including indemnity plans and managed care networks, by type of plan.
- b. Indicate administrative costs of each plan administrator (e.g., plan

carrier/third party administrator, utilization review administrator, enrollment administrator, customer service/help line administrator, etc.)

5. Working Spouse Contribution (if applicable)

Provide number of employees paying working spouse contribution each year, amount of payment per person and total contribution.

6. Impact of Medicare Prescription Drug Legislation

Provide information regarding impact on cash costs and accounting of the Medicare Prescription Drug plan scheduled to go into effect in 2006. Specifically, what is the estimated reduction in annual cash outlay for 2006, 2007 and 2008? What is the estimated amount of annual subsidy from the federal government? What is the impact on FAS 106 liability and expense?

7. Prescription Drugs

- a. Provide the number and dollar amount of prescriptions filled at retail for each of the past three years. Provide separately for actives and for retirees. Indicate number and dollar amount by generic prescription, brand with no generic or with DAW (dispense as written), and brand with generic and no DAW.
- b. Provide the number and dollar amount of prescriptions filled through mail order in each of the past three years. Provide separately for actives and for retirees. Indicate number and dollar amount by generic prescription, brand with no generic or with DAW, and brand with generic and no DAW.

Total Compensation Data Request

1. Please supply total compensation buildup for the bargaining unit during 2006. Please break this down into all basic wages and all other components of compensation. Please supply the total annual cost, percent of basic payroll and cost per hour for each item.
 - a. Basic Wages (Payroll)
 - b. Sickness and Accident Disability Plan
 - c. Supplemental Payments (specify profit sharing, team award, etc.)
 - d. Overtime Payments
 - e. Wage-Related Differentials (specify night, split tour, supervisory, etc.)
 - f. Non Wage-Related Differentials (specify)
 - g. Income Adjustment Payments (specify plan)
 - h. Long-Term Disability (LTD)
 - i. Termination Pay
 - j. Life Insurance
 - i. Wage-Related and Paid by State.
 - ii. Non-Wage-Related and Paid by State.
 - k. Medical Benefits
 - l. Dental Benefits
 - m. Vision Benefits
 - n. Legal Plan
 - o. Pension Contributions
 - p. Savings Plan Contributions
 - q. Social Security (amount paid by the State.)
 - r. Other State -Payments to Government Programs (unemployment, workers' comp., etc.)
 - s. Other (please specify, e.g., employer paid tuition reimbursement benefits)

2. In addition, please provide the number of full-time equivalent employees on which the above data is based. Also please provide the average hourly or weekly pay rate.

NOTE: The Union reserves the right to expand or amend this request.

Please provide the above requested information as soon as possible so the Union may prepare its proposals for the upcoming negotiations.