

Article # Continuing Medical Education and Professional Costs:

Providers will be eligible for the following annual benefits:

A. CME Time and Dollars:

1. Each year, providers will be credited with **\$5000** to spend for CME fees and associated costs.
2. Each year Providers will be granted five (5) paid days to attend CME programs, including travel time. Providers may use vacation time to extend time away needed to attend CME programs.
3. If there are multiple people requesting time off for the same program, approvals will be granted on a rotating basis from year to year.
4. Providers will not be responsible for administrative processing of reimbursement. Receipts will be submitted to a clinic administrator for processing through the system.
5. Reasonable costs of meals, gratuities, transportation costs will not be denied. Reimbursements will not be denied based on the location of the CME program.
6. Any Provider unable to use their CME days and money **in any one year** shall be permitted to carry-over balances **into the following year up to the annual CME amount.**

B. Required Certifications: The Employer shall pay the costs for acquiring or renewing certifications required to work at Allina (i.e. ACLS).

C. Licensures: Providers will be reimbursed for DEA and professional licensures, board certifications and renewals. Providers will be granted one paid day off to renew professional licensures or board certifications each year.

D. Professional Associations: Providers will be reimbursed for the cost of **one** professional association dues.

E. Reimbursements: An Employee must submit written proof of payment within four (4) months of the incurred expense in order to be reimbursed. Reimbursements will be made within 14 days of submission.

F. Technology Stipend: A disbursement of \$1,000 for medical journals, resources, smart electronic devices, personal computer, and medical applications will be made on January 1 each year.

ARTICLE # DISABILITY AND LEAVES OF ABSENCE

- A. **Paid Caregiver Leave/Personal Disability:** Each benefit year, providers shall be eligible for
1. 12 weeks of employer paid time off for a health condition that prevents the provider from working and
 2. 12 weeks paid time off to care for a family member with a serious health condition, to bond with a new baby or child in your family, to support a family member called to active duty, or due to a significant personal safety issue of a provider or a family member.
 3. If an employee uses both medical and family leave within a benefit year, the maximum paid leave will be 20 weeks.
 4. Upon the implementation of the Minnesota Statute governing Paid Family Leave, the employer shall pay the difference in the employee's base rate of pay and the State benefit, if any. The employer shall continue to pay the same benefits to Wisconsin providers.
- B. **Extended Leave:** Upon the exhaustion of employer paid family leave, an automatic leave of absence without pay shall be granted to an employee in the case of illness or physical disability, including pregnancy or paid family leave.
1. Providers may choose to use paid time off or ESST during an extended leave, but are not required to do so. Such leave shall be for the period of illness or disability.
 2. Such leave shall not exceed one (1) year in length. Extended leave for bonding time with a new child in the family shall be limited to six (6) months, inclusive of the paid family leave.
 3. An employee who has been employed for less than twelve (12) months will only be eligible for an unpaid leave equal to the length of time from the employee's date of hire up to the date of the leave request.
 4. An employee shall be returned to the employee's position prior to any leave with full seniority and without loss of benefits upon certification of recovery from such illness or disability.
 5. No employee shall be entitled to receive a second automatic leave of absence for illness or physical disability unless such employee has returned to active employment for three (3) months or more.
- C. **Other Leaves of Absence:** Requests for unpaid leaves of absence of one day or longer for reasons other than illness, disability, pregnancy, or jury duty may be granted with supervisory approval.
- D. **Jury Duty:** Providers shall notify their supervisor upon receipt of a notice of jury duty. The Provider will be given leave for such jury duty and will be made whole for loss of pay during that period. For purposes of this section, such employees shall be considered to be working normal day shift hours for the duration of their Jury Duty Leave. In making the employee whole, wages will be based on base hourly or salary rate, or proxy RVU rates.
- E. **Bereavement Leave:** A leave of absence of five (5) days without loss of pay shall be granted to employees in case of death in the family (parents, spouse or partner, children, children to whom

the employee is guardian, parents of spouse or partner, grandparents, grandchildren, siblings, children of siblings(niblings), children of spouse or partners siblings (niblings), spouses, siblings of spouse or partner, siblings of parents, siblings of the parents of spouse or partner, legal guardian, grandparents of spouse or partner, and such others as may be agreed upon between the employee and the employer for the purpose of making arrangements, attending the funeral, or mourning if attending the funeral is prohibitive. Bereavement days do not need to be taken consecutively and are to be used to replace days the employee is scheduled to work. Bereavement days will be identified and submitted to the employer.

In addition to the foregoing, an employee may receive an unpaid leave of absence of up to 30 days in the event of the death of an employee's child, parent or spouse/partner. An employee may choose to use sick or vacation time for all or part of the leave. Unpaid time off as a personal LOA may be requested by the employee if needed in addition to bereavement leave.

- F. **Military Leave:** The Employer complies with the Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) and all other state and federal laws pertaining to military leave. Employees must notify their manager upon receiving military orders and must provide copies of the written orders as soon as they are available for any leave that is expected to be greater than thirty (30) days. Employees should contact the Allina Human Resource Service Center for LOA materials and follow LOA process guidelines. Employees are not required to use paid time off for their leave.
- G. **Time Off for Voting:** Employees are encouraged to vote during non-work hours, but if that is not possible, employees will be allowed to take time off with pay to vote in a qualifying election. However, employees are still required to notify their manager in advance. Employees will not be required to use paid time off for the absence.

A "qualifying election" means a regularly scheduled state primary or general election, an election for U.S. senator or representative, an election for state senator or representative, or a presidential primary.

- H. **School Conference and Activities Leave:** Minnesota law allows an employee to take unpaid leave totaling up to 16 hours during any 12-month period to attend school conferences or school-related activities related to the employee's child, provided the conferences or school-related activities cannot be scheduled during non-work hours. When the leave cannot be scheduled during non-work hours and the need for the leave is foreseeable, the employee must provide reasonable prior notice of the leave and make a reasonable effort to schedule the leave so as not to disrupt unduly the operations of the employer. The same benefit will be provided to Wisconsin Providers .
- I. **Sabbatical:** Providers will be eligible for a 12 week sabbatical after seven (7) years of employment in order to seek enriched professional experiences through travel, research, volunteer work, study, or to extend family leave care for a family member for an additional 12

weeks. Providers will remain benefit eligible during the length of the sabbatical. A provider is eligible for additional sabbaticals every seven (7) years from the date of the last sabbatical leave.

- J. **Union Leave:** The Employer shall grant an unpaid leave of absence for up to sixty (60) days/year for Union business. Approval will be made based on patient care and departmental needs, but shall not be unreasonably denied. Employees must give as much advance notice as possible.
- K. **Bone Marrow and Organ Donation: Employees shall be granted** a paid leave of absence at the time they undergo medical procedures to donate an organ or bone marrow. Employees shall provide written verification by a physician of the purpose and length of the required leave. Providers shall be paid up to 80 hours by Allina prior to using vacation or sick leave.
- L. **Immigration** Upon request, and with at least fourteen (14) days' prior notice, an employee may be released for up to three (3) working days per year during the term of the Collective Bargaining Agreement subject to staffing and/or patient care needs in order to attend court dates related to the employee's immigration status and citizenship. The employee will be required to use available paid time off or may take the time as unpaid if no paid time is available. The Employer may require verification of such proceedings.
- M. Providers who live or practice in Wisconsin will be eligible for the same benefits as Minnesota employees residents.

Article # Separation of Employment

- A. Providers, or their beneficiary, shall be paid out for all unused time off at the time of separation of employment. Separation of employment includes resignation, retirement, layoff, termination, or death.
- B. In the event of a layoff or termination, employees shall be released from any promissory note agreed to at the time of hire, regardless of the length of employment.
- C. **Malpractice Tail Coverage:** The employer will maintain coverage that meets the statute of limitations for specific specialties for any claim that a Provider shall become legally obligated to pay due to an incident that occurred during the Provider's employment or while providing volunteer and/or charity services approved in advance by the Employer. The employer shall maintain the current coverage levels and limits.

ARTICLE X: INSURANCE

- A. **Benefit eligible** employees shall qualify for coverages on the first of the month following the employee's date of hire unless otherwise provided for below or in the policy document.
- B. **Medical Insurance Plans.**
 - a. The employer shall continue to provide plan options for medical insurance including both High Deductible Health Insurance (HDHI) Plans and Preferred Provider Organization (PPO) plans.

- b. The employer will offer either through the general insurance plan or by providing additional insurance coverage for:
 - 1. Annual Reproductive Medical Service inclusive of 4 IVF and IUI cycles per benefit year, donor egg/sperm, 4 embryo transfers per benefit year, ovulation induction medicine, medications that support IVF and IUI, elective pregnancy termination.
 - 2. Weight Management and/or Weight Loss, including nutritional service, GLP1 agonists and surgical treatments
 - 3. Mental Health Services, including substance abuse treatment, in patient and out patient services.
 - 4. Gender Affirming Care services, including medication, speech pathology, electrolysis, surgical care.
- C. Health Insurance Premiums**
 - a. The Employer shall pay 100% of the premium toward single employee coverage for all insurance plans and 100% single portion of dependent coverages. The single portion is determined by taking the total premium amount for single coverage.
 - b. The Employer shall pay toward dependent coverage as follows:
 - 1. Child(ren) portion: **95%**
 - 2. Spouse/Partner Portion: 95%
 - 3. Family: **95%** of the child(ren) portion and Spouse/Partner portion.

The dependent portion of the premium is determined by subtracting the total premium amount for single coverage and child(ren) from the total premium amount for the applicable dependent coverage level.

D. Income Protection (Short Term Disability):

The employer shall maintain a Short Term Disability income protection plan.

E. Long Term Disability.

For Benefit Eligible Employees, the Employer shall provide and pay the premium for a long-term disability plan. The policy shall pay 70% of the employee's covered earnings up to a monthly maximum of \$18,000, and as otherwise defined by the Long-Term Disability Policy. If an eligible employee applies for and is approved for benefits, those benefits shall commence on the 91st calendar day of disability and will be paid monthly. The employee shall be taxed on the Long-Term Disability premiums paid by the Employer. Therefore, any disability benefits received by an Employee under Long-Term Disability will be paid on a non-taxable basis. Coverage begins the first calendar day on or after an Eligible Employee commences active employment. Other terms of the long-term disability policy applies. Further information is available by reviewing the Long-Term Disability Policy.

F. Life Insurance. Employee may participate in the Employer's Life Insurance plan under the same terms and conditions applicable to the Employer's non-contract Physicians. Coverage will continue to include Accidental Death and Dismemberment Insurance.

- G. Dental Insurance.** The employer shall maintain dental health insurance and pay the same premium percentages as for medical insurance.
- H. Vision:** Allina will continue to offer discounts to employees when purchasing contacts, or frames and lenses at Allina optical stores.
- I. Professional Liability:** Employees will be covered by any professional liability plans under the same terms and conditions as all medical practitioners regardless of bargaining unit status.
- J. Business Travel Death Benefit:** Employees may participate in the Employer's business travel death benefit plan under the same terms and conditions applicable to the Employer's non-contract employees.
- K. Adoption Assistance:** Employees are eligible for participation in the Allina Adoption Assistance Program as is available to Allina employees.
- L. General:** All health and welfare benefits provided in this Article shall be subject to coordination/maintenance of benefits. The Employer will provide the number of employees who participate in each medical insurance plan (see Section (A) above) at least one time per year.

ARTICLE 22

RETIREMENT BENEFITS

- A. Bargaining unit members may participate in the Allina 401(k) plan and will receive matching contributions in the amount of \$.50 for every \$1.00 contributed up to a maximum of 5% of total compensation. Employees immediately vest 100% in any contributions and any match.
- B. Employer will make an annual non-elective contribution of six (6%) percent to eligible employees' 401(k) accounts.
- C. The employer's 401 (k) plan will allow for post-tax contributions and facilitate, through a mega back door Roth, providers ability to roll over savings to a Roth 401(k) or Roth IRA.
- D. Employees will continue to be able to contribute to Allina's 457(b) plan.

ARTICLE 24 - MILEAGE REIMBURSEMENT

- A. Employees may use personal cars when on business and mileage will be reimbursed at the currently approved IRS rate-per-miles for all miles driven between Allina locations.
- B. Each Provider who travels between worksites will have a designated Primary worksite. Home will be the primary worksite for Float and RCPs. Employees will not be reimbursed for mileage between their homes and their primary worksite. If an employee travels from their home to a location other than their primary worksite, they will be eligible for mileage reimbursement.
- C. Reimbursement shall be made within 14 days of submission of the expense report.

Article X Recruitment:

The Employer will offer incoming providers a recruitment package within the range as outlined below and based on Allina need.

Signing/Start Bonuses: The Employer may provide start/signing bonuses to physicians and APPs under the same terms and conditions applicable to the Employer's non-contract physicians and APPs, respectively.

Relocation Allowance: The Employer may provide a relocation allowance to physicians and APPs under the same terms and conditions applicable to the Employer's non-contract physicians and APPs, respectively.

Providers shall be expected to remain as employees at Allina for twelve (12) Months. If a provider voluntarily resigns before reaching twelve months of employment from the date of the request for funds, the obligation to repay Allina will be based on 50% of the Education Assistance divided by 12 and multiplied by the number of months left in the first year of employment. Employees who are laid off or are terminated involuntarily shall not be required to pay back any of the bonus.

Referral Bonus: Providers referred by a current bargaining unit member and subsequently hired by Allina will be eligible for a \$10,000 referral bonus for each provider referred.

Article # Compensation:

Market average percentiles referred to in this Article will be determined by calculating the average of the percentiles identified using the following survey data.

The surveys and data sets issued each year will be used to determine the market average percentiles for the following year.

- American Medical Group Association Compensation & Productivity Survey national data set
- American Medical Group Association Compensation & Productivity Survey regional data set
- Medical Group Management Association Provider Compensation and Production Report national data set
- Medical Group Management Association Provider Compensation and Production Report regional data sets
- SullivanCotter Large Clinic Physician Compensation and Productivity Survey Report national data set

If a data set is unavailable for a particular specialty, the parties will agree on to the specialty from which the values are obtained.

The Employer will provide the copies of the applicable survey data used by the Employer to the Union by October 15 each year, provided that Union executes any confidentiality agreements required by the Employer or the Employer's vendors limiting use of the information to collective bargaining concerning the unit of providers covered by this Agreement and limiting disclosure of the information to the union representatives with a need to know and directly engaged in the collective bargaining. By November 15 of each year the parties will meet to review the final values for the base salaries, production wRVU thresholds, and conversion factors.

Worked Relative Value Units (wRVUs) will be credited to a provider for charges posted during the calendar year for patient services they personally deliver for procedures approved by Allina Health and defined by Current Procedural Terminology (CPT). The assigned wRVU values as approved by the Center for Medicare and Medicaid Services (CMS) and referenced in the **Federal Register** and other authoritative sources will be reviewed and approved annually. Allina Health delays implementing any new CMS Fee Schedule wRVU rates by one year. The parties will discuss if modifications are needed when: (a) a value has not been assigned to a code; (b) values have been adjusted by CMS; or (c) there are concerns regarding a value and how it impacts the practice model. Changes will be made with mutual agreement.

Production targets will be **pro-rated** for **Worked** FTE

The APP base compensation and conversion factors will be based on **75%** of the physician rates, based on specialty.

The APP RVU targets will be the same as the physician target, based on specialty.

The survey specialties in each data set that will be used for each respective specialty are as follows:

Provider's Specialty	Survey Specialty Used
Family Medicine, Family Medicine w/OB, Float, TCP, RCP	Family Medicine
Internal Medicine	Internal Medicine
Geriatrics	Average of Geriatrics and Internal Medicine
Pediatrics	Pediatrics and Adolescent - General
Urgent Care – Physician	Urgent Care

A. **Primary Care Work Expectation and Compensation:**

1. Patient Contact Hours:

- (a) Clinic Only (Family Medicine, Internal Medicine, Float, Pediatrics, Geriatrics): 1.0 FTE is defined as 32 scheduled direct patient contact time (hours) in the clinic per week. Part-time FTEs will be the prorated portion of 32 scheduled hours.
- (b) Clinic and Hospital Rounding (e.g., FM/OB): 1.0 FTE is defined as 28 scheduled direct patient contact time (hours) in the clinic per week. Part-time FTEs will be the prorated portion of 28 scheduled hours.
- (c) **Team Care Provider:** 1.0 FTE is defined as 40 hours per week of scheduled time in the clinic inclusive of 22 patient contact hours. Part-time FTEs and contact hours will be the prorated portion of 40 scheduled hours.
- (d) **Regional Care Provider:** 1.0 FTE is defined as 40 scheduled hours per week, inclusive of contact hours designated for virtual visits as assigned by employer. Part-time FTEs will be the prorated portion of 40 scheduled hours.

PCP Base Compensation (Providers with FTE of 0.5 or higher):

Primary Care providers with a 0.5 FTE or higher will **be** paid a base salary that includes all paid time, including but not limited to: patient contact time, indirect patient care activities including but not limited to: charts, meetings, training, and paid time off.

Time spent in meetings, on committees or protected activities (i.e. lactation time) shall not impact non-direct care time spent on administrative/in-basket work. Providers shall adjust patient contact hours to attend meetings, trainings, and participate in committees. If a provider is required or chooses to use non-direct patient care time to participate in these activities, the hours will be assigned a proxy RVUs at the rate of four (4) wRVUs/hour that will count toward the wRVU threshold for Production Earnings.

The Base compensation is as follows based on a 1.0 FTE:

Provider Base Salary: Physician base salary will be determined by the annual survey data by specialty. Credit for years of service shall be measured from the **completion of board certification date**:

		Start	Year 2	Year 5
Upon Ratification		65th %tile	70 th %tile	Year 2 + 10%
3.1.26		65th %tile	70 th %tile	Year 2 + 10%
3.1.27		65th %tile	70 th %tile	Year 2 + 10%

	Physicians	Year 2	Year 5		APPs	75% of Phys	
	New (65th%tile)	70th%tile	10%		New	Year 2	Year 5 +10%
Family Medicine (Including Float, RCP and TCP)	\$ 336,870.42	\$ 349,024.65	\$383,927		\$252,652.81	\$261,768.49	\$287,945.3 4
Family Medicine w/OB	\$ 336,870.42	\$ 349,024.65	\$383,927		\$252,652.81	\$261,768.49	\$287,945.3 4
Internal Medicine	\$ 350,745.00	\$ 362,128.14	\$398,341		\$263,058.75	\$271,596.10	\$298,755.7 1
Geriatrics	\$ 300,433.71	\$ 313,442.84	\$344,787		\$225,325.28	\$235,082.13	\$258,590.3 4
Pediatrics	\$ 299,363.09	\$ 311,174.38	\$342,292		\$224,522.32	\$233,380.79	\$256,718.8 6

APP Base Salary will be calculated at **75%** of Physician Specialty Pay based on the scale for Physicians above.

Compensation (Providers with FTE Less Than 0.5).

1. Primary Care providers with an FTE less than 0.5 will be paid production compensation for each wRVU the provider generates. The production compensation will be calculated by multiplying the number of personally performed wRVUs generated in the calendar year by a conversion factor as described above.
2. Float Pool, RCP and TCP providers with an FTE less than 0.5 will be paid a base hourly rate for actual clinical hours worked that is equivalent to the applicable salary (physician or APP) divided by 2080.

B. Production Earnings (All Providers):

Providers with a Worked FTE of 0.5 or higher are eligible for production compensation for each wRVU the provider generates above a designated annual threshold as described below. The production compensation will be calculated by multiplying the number of personally performed wRVUs generated in the calendar year that exceed the annual wRVU threshold by a conversion factor. (“Worked FTE” refers to the actual hours worked during the year, excluding time covered under applicable leaves of absence but including paid time Off time.)

The threshold for production earnings shall be the average of the 45th %tile percentile calculated using the data outlined above and adjusted for Worked FTE less than 1.0.

All RVUs earned above this threshold will be paid at a conversion factor that is the average of the **65th** percentile calculated using the data outlined in (A)

The threshold and conversion factor will be adjusted each year on January 1.

	45th %tile	65th%tile	45th %tile	75% of MD
	Physician wRVU	Physician	APP	APP
	Threshold	Conversion	wRVU	Conversion
Specialty		Factor	Threshold	Factor
Family Medicine	5769	\$ 55.10	5,769	\$41.32
Family Medicine w/OB	5769	\$ 55.10	5,769	\$41.32
Internal Medicine	5559	\$ 61.28	5,559	\$45.96
Geriatrics	3282	\$ 90.36	3,282	\$67.77
Pediatrics	5407	\$ 53.53	5,407	\$40.15
Urgent Care	5523.	\$ 59.51	5523	\$44.63

C. Options for Payment of Excess RVUs: Providers will have two options for payment of excess RVUs for the year:

- a. Providers who have exceeded the RVU target, in the previous year, may choose add to their biweekly paycheck an amount equal to the projected RVU excess for the current year divided by 26 payroll cycles. The amount added will be 85%-100% of production earnings above the threshold set for the current year. If there are any RVUs earned above or below the estimate of excess, the provider will have the opportunity to adjust their excess RVU projection or to be paid the excess amount in the quarter earned.
- b. Providers may be paid any excess of the target RVUs set in the quarter(s) the target was exceeded.
- c. When a provider leaves the Allina Health, draw surpluses will be paid out as soon as accurate production data is available.

D. Productivity Targets: ~~Physicians productivity targets will be set by using the 25th % tile of the data set outlined in (A) and will be adjusted each year on January 1. . APP targets will be the same as Physician Targets. Productivity targets are not used to determine compensation and not meeting, meeting or exceeding these targets will not impact the base salary or ability to earn above that rate.~~

- a.

1. Urgent Care/Same Day Base Compensation (MOVED)

A 1.0 FTE in Urgent Care works on average 36 hours per week. Hours for part-time FTEs will be pro-rated based on 36 hours week.

Providers are paid for the actual hours they work. This includes hours worked beyond the direct patient contact time to complete the indirect patient care activities required to provide quality patient care or assist with extremely high volume or attend mandatory lectures, meetings, training programs and similar activities.

Urgent Care Providers will be compensated hourly. Hours worked over 40 in one week will be paid at 1.5 x the hourly rate, however if the time worked is more than 12 consecutive hours, the provider will be 2x the applicable hourly rate.

Base Pay

Urgent Care/Same Day Hourly Rates are set at the following market average of total cash compensation divided by 1872 hours. The percentile **shift pay** shall be set as follows:

Physician	Resident (95% of Physician)	APP (75% of Physician)
Start: 65 th tile		
2 Year: 70 th tile		

5 Year (10% of 2 Year)

- For physicians and APPs, the Weekday Evening/Night Shifts and Weekend Shifts rates will remain as a **15%** and **30%** premium from the Weekday Day Shift rates, respectively, for the applicable job categories.
- Resident Rates will be 95% of Physician Rates
- APP Hourly Rates will be **75% 85%** of Physician Rates

The base hourly rates will be adjusted each year on January 1.

1. Other Compensation:

A. Extra Shift (Urgent Care, RCP, TCP) Bonus:

Providers who pick up additional unscheduled shifts will be paid \$50 per hour in addition to the applicable hourly rate of pay. The hourly rate for this bonus will increase by the same ATB percentage applied to base income or hourly rates.

B. Holiday Pick Up Bonus :

Providers who work an unscheduled holiday will be paid, in addition to holiday pay, \$60 per hour in addition to the applicable base rate or hourly rate. The hourly rate for this bonus will increase by the same ATB percentage applied to base income or hourly rates.

C. Floating Pay: Urgent Care providers who agree to switch locations within their template will be paid a bonus of per \$50 per hour. The hourly rate for this bonus will increase by the same ATB percentage applied to base income or hourly rates.

D. On-Call Duty Pay:

Providers who serve on-call duty will be paid on-call pay for each day they are on call:

Weekday: \$250

Weekend Day (Friday, Saturday, or Sunday): \$400

Holidays: \$500

For providers who are required to report to work while on call, the providers will be paid 2x the above rates. Providers may trade with or give away any on-call shift to any bargaining unit member for which they are qualified.

E. Mentor Pay: A Provider serving as a mentor under Article X (Mentorship) shall be paid as follows:

The mentorship stipend will be paid in equal installments each pay period during the course of the mentorship. If the mentorship duty is split between two

	Mentor Pay
APP in Primary Care (less than 2 years of experience) -12 months	\$15,000
APP in Primary Care (more than 2 years or more) - 6 months	\$7,500
APP in TCP or RCP role - 6 months	\$7,500
Physicians who recently completed residency - 6 months	\$10,000
Urgent Care Mentoring:	\$125/hour above hourly rate of pay

or more providers, then the stipend will be split among those providers.

F. Annual Bonus

All providers will be paid 5% of the annual income by February 14 of the following year. The deferred income will be paid an additional 1% every five (5) years of service up to a maximum of 10%.

Article # Quality Incentives

Providers with a minimum of 0.1 FTE are eligible to participate in the Primary Care Performance Incentive Plan. The Incentive plan is intended to compensate Eligible Providers for targeted performance on goals designed to ensure patients receive high quality, safe, and affordable care with improved access and patient experience.

The incentive payment will be based on providers meeting the Primary Care Performance Incentive Goals. The targets and goals will be set each year in coordination with the Labor Management Committee. Incentive payment will be 5% of total compensation. For each year of service, each provider will be paid an additional 1% up to a maximum of 10% of total compensation.

ARTICLE XX PAID TIME OFF (PTO) (6.30.25)

- A. **PTO Eligibility:** All providers are eligible for paid vacation time away. On January 1 of each year PTO shall be made available to providers in the table below, time will be prorated based on FTE.
- B. **PTO Eligibility and Benefit:** PTO is used for time off for vacation, personal time, holidays, and sick time. A PTO bank (see below) will be front loaded at the start of each calendar year for existing employees. PTO is prorated based on FTE, but in no event will the front-loaded bank be fewer than 80 hours.

Use of PTO shall be accounted for in increments of one hour. **PTO used for full days off will equal the patient contact hours or hours scheduled to work those days. All PTO will be paid at the shift rate applicable to the scheduled time off (Urgent Care) or at the base hourly rate of pay (calculated by base salary/2080 hours).**

Employees are required to use PTO for time away from work. If you need to be away from work and do not have PTO available, you may **have the option of working an alternate day to meet your FTE.** Unused PTO will carry over from year-to-year. No changes will be made for FTE changes during the year. PTO is paid out upon termination of employment.

If the employee terminates employment with Allina Health and is rehired within 180 calendar days, the employee's original hire date will remain the same for purposes of calculating length of service. If the employee is rehired after 180 calendar days, the employee's rehire date will be used as the initial eligibility date.

- (1) **PTO Bank Funding: Employees PTO banks will be funded at the following levels based on length of service.**

Length of Service	Annual PTO Contribution
Start (1 Year)	288 hours
2-5 (4 Years)	324 hours
6-10 (5 Years)	360 hours
11+ Years	396 hours

C. **PTO Vacation Requests:** Requests for Vacation Days will be submitted to the clinic director up to one year and at least 1 month, whenever possible prior to the vacation leave. Leave will be approved or denied within 3 calendar days. Approval will be granted if the clinic is at or above the minimum staffing requirements.

- **Primary Care:** The minimum staffing requirements for each primary clinic is two (2) providers in person at the clinic per day for clinics, or one (1) where there are fewer than 6 providers. Providers at a clinic may agree to increase the minimum staffing number by a majority vote of the providers at that clinic.
- **Urgent Care:** the maximum number of providers granted time off on any given day shall be 14.
- o Vacation Requests made within less than one (1) month of the requested vacation day(s) will be granted if the clinic is at or above the minimum staffing requirement for the day(s) requested.
- o If two or more providers request vacation on the same dates the employer will notify the providers with the conflicting dates. If the providers cannot work out an agreement, the provider who requested the time off first, based on the time stamp of the submission, will be granted the vacation time.
- o **Urgent Care:** Providers may trade shifts or find their own replacements if time off is denied during the request process or trade an existing shift with an open/available shift within the posted four week template as long as there is appropriate staffing at the site where they are picking up.

D. **Vacation Requests around Holidays:**

- a. Requests for days off around a recognized holiday shall be rotated as evenly as possible among the providers if all requests cannot be granted. (Example: If a provider had time off around Memorial Day one year, the request will be granted to a different provider the following year.) If no one makes the same request, the request will be granted.

E. **Holidays:** Providers will be paid for **working** the following holidays. New Years Day, Memorial Day, Juneteenth, July 4th, Labor Day, Thanksgiving, Christmas Day (beginning at 12 p.m. December 24) New Year's Day (beginning at 12 p.m. December 31), 4 floating/cultural holidays as determined by the provider.

When a holiday falls on a weekend and a provider is working, the full shift will be paid at the holiday pay rate, including Christmas Eve day and New Years Eve day. When the holiday falls on a day that a provider is not normally scheduled in clinic, the provider will **not be required to use PTO for the day.**

Providers will be paid the equivalent of **1.5 X** hourly rate of pay based on the providers **base pay/2080 hours or shift rate of pay** for all hours worked when the clinic is open on the holiday. For Christmas Eve and Christmas Day and for New Years Eve and New Years Day employees will be paid an additional time .5x **shift rate or** hourly rate of pay for any hours worked.

F. Holiday Scheduling: Urgent Care

- a. **The 1st Tier:** On January 1 of each year, the lead provider will send an email to each of the providers who are scheduled to work at the UC/VC sites on the days that fall on the holidays for the year. These providers are given the opportunity to work the shift or to choose to NOT work the shift. If a provider chooses to NOT work the shift, the provider will be able to take the holiday off. All Holidays will be paid at the rate of 2X hourly rate of pay when working the holiday or alternatively take an additional paid day off within 180 days of the holiday.
- b. **The 2nd Tier:** If not all of the provider slots are filled for the holidays through the 1st tier, then another email will be sent out to ALL of the FTE and casual providers, requesting volunteers to pick up any of the remaining open shifts for the holidays. These volunteers will pick up these shifts by notifying the lead provider via email, and the requests will be granted using a 1st replied, 1st granted approach.
- c. **The 3rd Tier:** If there are any slots remaining open at any of the sites after these first 2 tiers, the shifts will be filled on a rotating basis by the providers with an FTE. The list will be maintained in alphabetic order by last name. Once a provider has selected an additional holiday to work, their name will move to the bottom of the list. The list will be rotated until all shifts are filled.

G. Paid Care Giver Leave:

Benefit eligible employees may receive up to 80 hours (prorated by FTE) of Paid Caregiver Leave, paid at 100% of the employee's base pay, per rolling 12-month period measured backward from the date the employee uses Paid Caregiver Leave. Paid Caregiver Leave may be taken in one day increments (based on shift length for the day(s) where paid care giver leave is used) during a 12 month period.

- H. **PTO while on Leave of Absences:** Eligible employees may reserve up to 160 hours of PTO (prorated by FTE) for use upon their return from an approved leave of absence.

I. Accrued PTO may be used for the following reasons as is outlined by the Minnesota Earned Safe and Sick Laws:

- a. To care for self or family members for preventative care and due to the suffering from, diagnosis of or care for a Physical or Mental illness or injury or other health conditions.
- b. For absences due to domestic abuse, sexual assault or stalking, to seek medical attention related to physical or psychological injury or disability caused by domestic abuse, sexual assault or stalking, obtain services from a victim services organization, counseling, relocation, secure an existing home, due to sexual assault, abuse or stalking, seek legal advice to take action, including preparing for or participating in any civil or criminal legal proceeding related to or resulting from domestic abuse, sexual assault or stalking.
- c. In the case of closure of the employee's place of work, public emergency or need to care for a family member whose school or place of care has been closed due to weather or public emergency.

- d. When it is determined by a health authority or professional that the employee or family member is at risk of infection others with a communicable disease.
- J. Wisconsin providers will have the same benefits as Minnesota providers.