

2010 Benefit Summary: American Federation of State, County and Municipal Employees (AFSCME)

Contract expires

12/31/09- **Benefits subject to change during contract negotiation**

Medical plan options

- HealthPartners Open Access (copay plan)
- HealthPartners Empower HRA (high deductible health plan with VEBA account)
- HealthPartners Distinctions III Plan (3 tier copay plan)

Employee medical premiums (monthly, pre-tax)

Note: These are interim rates. Final rates will be determined when the new contract is ratified.

Full-time employees:

Open Access:

- Single \$77.42
- Family \$470.56

HRA:

- Single \$44.96
- Family \$312.48

Distinctions III:

- Single: \$56.66
- Family: \$405.00

Part-time employees (30-37 hours per week—75%):

Open Access:

- Single \$229.32
- Family \$781.04

HRA:

- Single \$163.32
- Family \$558.52

Distinctions III:

- Single: \$205.80
- Family: \$712.22

Part-time employees (20-29 hours per week—50%):

Open Access:

- Single \$381.20
- Family \$1091.50

HRA:

- Single \$281.68
- Family \$804.56

Distinctions III:

- Single: \$354.94
- Family: \$1,019.44

Medical plan

HealthPartners Open Access In Network Benefits

- \$10 office visit copay
- \$40 emergency room copay
- \$10 prescription drug copay (retail)
- \$20 formulary mail order prescription copay
- \$500 single out-of-pocket maximum
- \$1,500 family out-of-pocket max
- Unlimited lifetime maximum benefit

HealthPartners Empower HRA In Network Benefits

- Single deductible: \$1,000
Single employer HRA contribution: \$1,000
- Family deductible: \$2,000
Family employer HRA contribution: \$2,000
- Preventive care, prenatal care, immunizations: 100% (no deductible)
- All other covered services: 80% after deductible
- Single out-of-pocket maximum: \$2,500 (includes deductible)
- Family out-of-pocket maximum: \$5,000 (includes deductible)
- \$2,000,000 lifetime maximum benefit

HealthPartners Distinctions III In Network Benefits

- \$15, \$25, or \$35 office visit copay, depending on the network level of the physician
- \$200 deductible (does not apply to all services)
- \$75 emergency room copay
- \$8 prescription drug copay (generic)
- \$16 prescription drug copay (brand name)
- \$1,000 single out-of-pocket maximum
- \$2,500 family out-of-pocket maximum
- Unlimited lifetime maximum benefit

Dental plan

HealthPartners Distinctions Dental Plan

Benefit Level 1 (HealthPartners Dental Clinic or Park Dental)

- No deductible
- Preventive and basic care: 100%
- Major care: 80%
- Calendar year maximum: \$2,000
- Orthodontic: 50% up to \$2,000 lifetime maximum

Benefit Level 2 (HealthPartners Open Access providers)

- Preventive Care: 100%
- Deductible: \$10 per person; \$30 per family
- Basic care: 100% after deductible
- Major care: 80% after deductible

Employee dental premiums (monthly, pre-tax)

- Calendar year maximum: \$1,500
- Orthodontic: 50% up to \$1,500 lifetime maximum

Benefit Level 3 (Out of network)

- Preventive care: 100%
- Deductible: \$25 per person; \$75 per family
- Basic care: 80% after deductible
- Major care: 50% after deductible
- Calendar year maximum: \$1,000
- Orthodontic: 50% up to \$1,500 lifetime maximum

Note: These are interim rates. Final rates will be determined when the new contract is ratified.

Full-time employees:

- Single: \$2.08
- Family: \$23.52

Part-time employees (30-37 hours per week—75%):

- Single: \$12.00
- Family: \$45.34

Part-time employees (20-29 hours per week—50%):

- Single: \$21.92
- Family: \$67.16

Vision plan

VSP Vision Plan

Base Plan- Allows yearly eye exams, contacts or frames/lenses every other year

Buy-Up Plan- Allows eye exams, contacts or frames/lenses every year

VSP Doctor Benefits

- Vision Exam - \$10 copay
- Lenses (single vision, lined bifocal or lined trifocal) - \$10 copay
- Frames (\$130 allowance)- \$10 copay (waived if purchased with lenses)
- Elective contact lenses (\$150 allowance) – No copay
- Average of 30% savings on lens options like progressive, scratch resistant or anti-reflective coatings.
- 20% off additional glasses and sunglasses
- Laser vision correction- average of 15% off regular price or 5% off promotional price from contracted facilities.

Employee vision premiums (monthly, post-tax)	<p>All employees: Base Plan Employee only \$6.72 Employee + Spouse \$13.46 Employee + Child(ren) \$14.40 Family \$23.00</p> <p>Buy-Up Plan Employee only \$9.98 Employee + Spouse \$19.94 Employee + Child(ren) \$21.56 Family \$34.44</p>
Waiting period	First of the month following date of hire for vision coverage. No waiting period (immediate coverage) for all other coverage.
Full-time definition	38 hours per week OR full weekend shift of three 12-hour shifts
Part-time definition	20—29 hours: 50%; 30—37 hours: 75%
Part-time employees are eligible for:	Medical, dental, life, vision, supplemental sick, long term disability, annual leave
Basic life insurance/AD&D (employer paid)	2 times salary up to \$200,000
Employee supplemental life insurance (employee paid)	\$5,000 increments up to \$500,000
Group universal life insurance (optional life insurance; employee paid)	Yes
Dependent life insurance (employee paid)	<p>Spouse: \$5,000 increments up to \$100,000. Children: \$1,000, \$2,000, or \$5,000</p>
Long term disability (employer paid)	90 day elimination period; 66.6% of earnings, up to \$5,000 maximum payable per month
Flexible spending account	<ul style="list-style-type: none"> • Medical care • Dependent care • Parking expenses

Health care savings plan

Post employment healthcare savings plan

Any annual leave earned and accumulated over the 800 hour cap (or other grandfathered cap) will be converted to the employees HCSP account on December 31st of each year.

50% of the employers FICA savings will be contributed to the members HCSP account.

Upon termination, any accumulated and unused annual leave balance will be contributed to the HealthCare Savings Plan based on the following table:

- 1 to 10 years of service = 0%
- 10 to 20 years of service = 50%
- 20+ years of service = 100%

Deferred compensation

Tax-deferred savings for use after employment

2010 contribution maximums:

- Under age 50: \$16,500
- Age 50 and over: \$22,000
- Catch-up maximum: \$33,000

Employee assistance program (employer paid)

Online and telephonic assistance

Minnesota State Retirement Program

Employee and employer both contribute 4.75% of employee wages toward pension savings. Contributions increase to 5% on July 1, 2010.

Bus and light rail pass

The Council offers a free all-you-can-ride bus and light rail pass to all Council employees. This pass is good for free rides for the employee on all regularly scheduled bus and rail routes.

Paid time off (full time employees)

Holidays

New Year's Day • Martin Luther King Day • President's Day
 Memorial Day • Independence Day • Labor Day
 Veteran's Day • Thanksgiving Day
 Friday After Thanksgiving Day • Christmas Day
 Two floating holidays

Annual Leave

- First 2 years of employment: 5 hours per payroll
- 3rd year of employment: 6 hours per payroll
- After 3 through 6 years of employment: 8 hours per payroll
- After 6 through 12 years of employment: 9 hours per payroll
- After 12 years of employment: 10 hours per payroll



Supplemental Sick

2 hours earned per payroll period.

Use annual leave for first 40 hours of absence.

Important note: This guide is intended as a brief summary of benefits only. Please see your labor agreement, plan brochures and Plan Document for additional information. If there is any discrepancy, the information in the labor agreement, plan brochures and Plan Document will take precedence over this document