

## 2009 Benefit Summary: Amalgamated Transit Union (ATU)

---

Contract expires 7/31/2010

### 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)

#### **Full-time employees:**

##### **Open Access:**

Single \$0  
Family \$325.00

##### **HRA:**

Single \$0  
Family \$120.00

##### **Distinctions III:**

Single: \$0  
Family: \$233.92

#### **Part-time employees (up to 30 hours per week: 75%):**

##### **Open Access:**

Single \$163.78  
Family \$653.44

##### **HRA:**

Single \$118.34  
Family \$386.04

##### **Distinctions III:**

Single: \$149.14  
Family: \$548.48

### Medical plans

#### **HealthPartners Open Access In Network Benefits**

- \$10 office visit copay
- \$50 emergency room copay
- \$12 prescription drug copay (retail)
- \$24 formulary mail order prescription copay
- 80% coverage on MRI/CT scans
- \$1,000 single out-of-pocket maximum
- \$2,000 family out-of-pocket maximum
- Unlimited lifetime maximum benefit

**Medical plans****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, allergy injections: 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
- Calendar year maximum: \$1,500
- Orthodontic: 50% up to \$1,500 lifetime maximum

**Dental plan (continued)**
**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

**Employee dental premiums (monthly, pre-tax)**
**Full-time employees:**

Single \$0  
 Family \$30.08

**Part-time employees (up to 30 hours per week: 75%):**

Single \$9.92  
 Family \$48.88

**Vision plan**
**VSP Vision Plan- Effective 4/1/09**

**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)**
**All employees:**
**Base Plan**

Employee only \$6.72  
 Employee + Spouse \$13.46  
 Employee + Child(ren) \$14.40  
 Family \$23.00

**Buy-Up Plan**

Employee only \$9.98  
 Employee + Spouse \$19.94  
 Employee + Child(ren) \$21.56  
 Family \$34.44

Waiting period	First of the month following 3 months of employment for vision coverage. 1st day after 3 months of employment for all other coverage.
Full-time definition	80 hours every 2 weeks
Part-time definition	Up to 30 hours per week: 75%
Part-time employees eligible for:	Medical, dental, life, vision, healthcare savings plan
Basic life insurance/AD&D (employer paid)	<p><b>3 months to fewer than 5 years:</b> Full time: \$15,000; part time: \$7,500</p> <p><b>5 to fewer than 10 years:</b> Full time: \$20,000; part time: \$10,000</p> <p><b>More than 10 years:</b> Full time: \$25,000; part time: \$12,500</p>
Employee supplemental life insurance (employee paid)	\$5,000 increments up to \$150,000
Dependent life insurance (employee paid)	<p><b>Package:</b> Spouse: \$10,000 Child(ren) 8 days—6 months: \$500 Child(ren) 6 months—19 years (25 if full time student): \$5,000</p>
Flexible spending account	<p>Medical care Dependent care Parking expenses</p>
Healthcare savings plan	<p>Post employment healthcare savings plan Effective September 1, 2008: Member contributions based on years of service-</p> <ul style="list-style-type: none"> <li>• Less than five years of service- \$.10 per hour paid</li> <li>• Five years but less than ten years of service- \$.20 per hour paid</li> <li>• Ten or more years of service- \$.25 per hour paid</li> </ul> <p>45%—60% of sick leave balance is contributed upon retirement, based on hire date 100% of vacation balance is contributed upon retirement plus 50% of employer's FICA savings</p>

**Deferred compensation**

Tax deferred savings for use after employment  
2009 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 4.5% of employee wages toward pension savings. Contribution increases to 4.75% on July 1, 2009 and 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  
Memorial Day  
Martin Luther King Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day  
Two floating holidays  
Employee's anniversary of employment  
Employee's birthday

**Vacation**

1 year of service: 1 week  
2 years of service: 2 weeks  
6 years of service: 3 weeks  
11 years of service: 4 weeks  
18 years of service: 5 weeks  
25 years of service: 6 weeks

**Sick leave**

3.077 hours earned bi-weekly, not to exceed 80 hours per calendar year

**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