

2010 Benefit Summary:
International Association of Machinists (IAM)

Contract expires	12/31/2009- <i>Benefits subject to change during contract negotiation</i>
Medical plan options	<ul style="list-style-type: none"> • HealthPartners Open Access (copay plan) • HealthPartners Empower HRA (high deductible health plan with VEBA account) • HealthPartners Distinctions III (3 tier copay plan)
Employee medical premiums (monthly, pre-tax)	<p><i>Note: These are interim rates. Final rates will be determined when the new contract is ratified.</i></p> <p>Open Access:</p> <ul style="list-style-type: none"> • Single \$59.42 • Family \$349.56 <p>HRA:</p> <ul style="list-style-type: none"> • Single \$44.96 • Family \$276.48 <p>Distinctions III:</p> <ul style="list-style-type: none"> • Single \$56.66 • Family \$318.74
Medical plan	<p>HealthPartners Open Access In Network Benefits</p> <ul style="list-style-type: none"> • \$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 maximum • Unlimited lifetime maximum benefit <p>HealthPartners Empower HRA In Network Benefits</p> <ul style="list-style-type: none"> • 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

	<p>HealthPartners Distinctions III In Network Benefits</p> <ul style="list-style-type: none"> • \$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
<p>Dental plan</p>	<p>HealthPartners Distinctions Dental Plan</p> <p>Benefit Level 1 (HealthPartners Dental Clinic or Park Dental)</p> <ul style="list-style-type: none"> • No deductible • Preventive and basic care: 100% • Major care: 80% • Calendar year maximum: \$2,000 • Orthodontic- 50% up to \$2,000 lifetime maximum <p>Benefit Level 2 (HealthPartners Open Access Providers)</p> <ul style="list-style-type: none"> • 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 <p>Benefit Level 3 (Out of Network)</p> <ul style="list-style-type: none"> • 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
<p>Employee Dental Premiums (monthly, pre-tax)</p>	<p>Note: These are interim rates. Final rates will be determined when the new contract is ratified.</p> <ul style="list-style-type: none"> • Single \$2.08 • Family \$23.02

Vision plan	<p>VSP Vision Plan</p> <p>Base Plan- Allows yearly eye exams, contacts or frames/lenses every other year</p> <p>Buy-Up Plan- Allows eye exams, contacts or frames/lenses every year</p> <p>VSP Doctor Benefits</p> <ul style="list-style-type: none"> • 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:</p> <p>Base Plan</p> <p>Employee only \$6.72 Employee + Spouse \$13.46 Employee + Child(ren) \$14.40 Family \$23.00</p> <p>Buy-Up Plan</p> <p>Employee only \$9.98 Employee + Spouse \$19.94 Employee + Child(ren) \$21.56 Family \$34.44</p>
Waiting period	<p>First of the month following date of hire for vision coverage. No waiting period (immediate coverage) for all other coverage.</p>
Full-time definition	<p>40 hours per week</p>
Part-time definition	<p>Not applicable</p>
Part-Time employees eligible for:	<p>Vision Plan</p>
Basic life insurance/AD&D (employer paid)	<p>\$50,000</p>
Employee supplemental life insurance (employee paid)	<p>\$5,000 increments up to \$500,000</p>

Group universal life insurance (optional life insurance-employee paid)	Yes
Dependent life insurance (employee paid)	Spouse: \$5,000 increments up to \$100,000 Child(ren): \$1,000, \$2,000, or \$5,000
Long term disability	90 day elimination period; 50% of earnings, up to \$1,200 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. Annual leave and/or supplemental sick leave balance will be converted to HCSP upon separation, up to a maximum of 800 hours.
Deferred compensation	Tax deferred savings for use after employment Contribution maximums for 2010: <ul style="list-style-type: none"> • 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. In addition, Metropolitan Council contributes \$.025 per year, based on a forty hour work week, on behalf of each eligible employee to the International Association of Machinist Pension Contribution Fund.
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 <ul style="list-style-type: none"> • New Year's Day • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Christmas Day

Annual Leave

- First 2 years of service: 7 hours per payroll period
- 3rd year of service: 8 hours per payroll period
- After 3 years through 6 years of service: 10 hours per payroll period
- After 6 years through 12 years of service: 11 hours per payroll period
- After 12 years through 25 years of service: 12 hours per payroll period
- More than 25 years of service: 13 hours per payroll period

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
