

Benefit Summary 2010

Non Represented Executives

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 \$63.40
- Family \$346.14

HRA:

- Single \$0
- Family \$130.00

Distinctions III:

- Single: \$0
- Family: \$233.92

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

Open Access:

- Single \$218.80
- Family \$687.72

HRA:

- Single \$129.60
- Family \$421.66

Distinctions III:

- Single: \$163.30
- Family: \$583.90

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 maximum
- 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, 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

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 \$29.72

Part-time employees (20-29 hours per week: 75%):

- Single \$10.44
- Family \$52.22

<p>Vision plan</p>	<p>VSP Vision Plan</p> <p>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</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.
<p>Employee vision premiums (monthly, post tax)</p>	<p>All employees:</p> <p>Base Plan</p> <ul style="list-style-type: none"> • Employee only \$6.72 • Employee + Spouse \$13.46 • Employee + Child(ren) \$14.40 • Family \$23.00 <p>Buy-Up Plan</p> <ul style="list-style-type: none"> • Employee only \$9.98 • Employee + Spouse \$19.94 • Employee + Child(ren) \$21.56 • Family \$34.44
<p>Waiting period</p>	<p>First of the month following date of hire for vision coverage. No waiting period (immediate coverage) for all other coverage.</p>
<p>Full-time definition</p>	<p>30 hours per week</p>
<p>Part-time definition</p>	<p>20-29 hours per week: 75%</p>
<p>Part-time employees eligible for:</p>	<p>Medical, dental, life, vision, salary continuance, long term disability, annual leave</p>
<p>Basic life insurance/AD&D (employer paid)</p>	<p>2 times annual salary up to \$200,000</p>
<p>Employee supplemental life insurance (employee paid)</p>	<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; 60% 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	<p>Post employment healthcare savings plan</p> <p>If an employee meets the following criteria:</p> <ul style="list-style-type: none"> • Age 25 or older • Completed at least 3 years of service with Metropolitan Council • Are a full-time employee <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Have a minimum balance of 200 hours of annual leave <p>50% of the annual leave balance will be contributed to the HealthCare Savings Plan (HCSP) upon termination.</p> <p>All or a portion of the remaining annual leave balance may be contributed to Deferred Compensation. If no election is made, the remainder of their annual leave balance will be paid in cash.</p>
Deferred compensation	<p>Tax deferred savings for use after employment</p> <p>Contribution maximums for 2010:</p> <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	<p>Executives can opt to be in the Unclassified Plan or General Plan. In the Unclassified Plan, the employee contributes 4% of their wages and the employer contributes 6% of the employee wages toward pension savings. In the General Plan, employee and employer both contribute 4.75% of employee wages toward pension savings. Contributions increase to 5% on July 1, 2010.</p>

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—Metro Transit employees:

New Year's Day ▪ Martin Luther King Day ▪ Memorial Day ▪ Independence Day ▪ Labor Day ▪ Thanksgiving Day ▪ Christmas Day ▪ Five floating holidays

Holidays—all other employees:

New Year's Day ▪ Martin Luther King Day ▪ Presidents Day ▪ Memorial Day ▪ Independence Day ▪ Labor Day ▪ Veterans Day ▪ Thanksgiving Day ▪ Thanksgiving Friday ▪ Christmas Day ▪ Two floating holidays

Annual leave

320 hours of annual leave is credited each January 1st. Mid year hires are credited as follows:

Start date:	Annual leave bank:
January 1 – March 31	320 hours
April 1 – June 30	240 hours
July 1 – September 30	160 hours
October 1 – December 31	80 hours

Maximum accrual is 1,800 hours. Executives must use at least 80 hours of annual leave each calendar year or 80 hours will be forfeited.

Salary continuance

60 days at full salary

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