

2010 Benefit Summary:  
 Police Administration  
 and Command Employees—LES

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Contract expires	12/31/09- <b>Benefits subject to change during contract negotiation</b>
Medical plan options	<ul style="list-style-type: none"> <li>• HealthPartners Open Access (copay plan)</li> <li>• HealthPartners Empower HRA (high deductible health plan with VEBA trust)</li> </ul>
Employee medical premiums (monthly, pre-tax)	<p><b>Note: These are interim rates. Final rates will be determined when the new contract is ratified.</b></p> <p><b>Open Access:</b></p> <ul style="list-style-type: none"> <li>• Single: \$103.74</li> <li>• Family: \$596.56</li> </ul> <p><b>HRA:</b></p> <ul style="list-style-type: none"> <li>• Single: \$19.22</li> <li>• Family: \$270.70</li> </ul>
Medical plan	<p><b>HealthPartners Open Access In Network Benefits</b></p> <ul style="list-style-type: none"> <li>• \$10 office visit copay</li> <li>• \$40 emergency room copay</li> <li>• \$10 prescription drug copay (retail)</li> <li>• \$20 formulary mail order prescription copay</li> <li>• \$500 single out-of-pocket max</li> <li>• \$1,500 family out-of-pocket max</li> <li>• Unlimited lifetime maximum benefit</li> </ul> <p><b>HealthPartners Empower HRA In Network Benefits</b></p> <ul style="list-style-type: none"> <li>• Single deductible: \$1,000 Single employer HRA contribution: \$1,000</li> <li>• Family deductible: \$2,000 Family employer HRA contribution: \$2,000</li> <li>• Preventive care, prenatal care, allergy injections: 100% (no deductible)</li> <li>• All other covered services: 80% after deductible</li> <li>• Single out-of-pocket maximum: \$2,500 (includes deductible)</li> <li>• Family out-of-pocket maximum: \$5,000 (includes deductible)</li> <li>• \$2,000,000 lifetime maximum benefit</li> </ul>

<p>Dental plan</p>	<p><b>HealthPartners Distinctions Dental Plan</b></p> <p><b>Benefit Level 1</b> (HealthPartners Dental Clinic or Park Dental)</p> <ul style="list-style-type: none"> <li>• No deductible</li> <li>• Preventive and basic care: 100%</li> <li>• Major care: 80%</li> <li>• Calendar year maximum: \$2,000</li> <li>• Orthodontic: 50% up to \$2,000 lifetime maximum</li> <li>•</li> </ul> <p><b>Benefit Level 2</b> (HealthPartners Open Access Providers)</p> <ul style="list-style-type: none"> <li>• Preventive care: 100%</li> <li>• Deductible: \$10 per person; \$30 per family</li> <li>• Basic care: 100% after deductible</li> <li>• Major care: 80% after deductible</li> <li>• Calendar year maximum: \$1,500</li> <li>• Orthodontic: 50% up to \$1,500 lifetime maximum</li> </ul> <p><b>Benefit Level 3</b> (Out of Network)</p> <ul style="list-style-type: none"> <li>• Preventive care: 100%</li> <li>• Deductible: \$25 per person; \$75 per family</li> <li>• Basic care: 80% after deductible</li> <li>• Major care: 50% after deductible</li> <li>• Calendar year maximum: \$1,000</li> <li>• Orthodontic: 50% up to \$1,500 lifetime maximum</li> </ul>
<p>Employee dental premiums (monthly, pre-tax)</p>	<p><b>Note: These are interim rates. Final rates will be determined when the new contract is ratified.</b></p> <ul style="list-style-type: none"> <li>• Single: \$1.90</li> <li>• Family: \$26.52</li> </ul>
<p>Vision plan</p>	<p><b>VSP Vision Plan</b></p> <p><b>Base Plan-</b> Allows yearly eye exams, contacts or frames/lenses every other year</p> <p><b>Buy-Up Plan-</b> Allows eye exams, contacts or frames/lenses every year</p> <p><b>VSP Doctor Benefits</b></p> <ul style="list-style-type: none"> <li>• Vision Exam - \$10 copay</li> <li>• Lenses (single vision, lined bifocal or lined trifocal) - \$10 copay</li> <li>• Frames (\$130 allowance)- \$10 copay (waived if purchased with lenses)</li> <li>• Elective contact lenses (\$150 allowance) – No copay</li> <li>• Average of 30% savings on lens options like progressive, scratch resistant or anti-reflective coatings.</li> </ul>

	<ul style="list-style-type: none"> <li>• 20% off additional glasses and sunglasses</li> <li>• Laser vision correction- average of 15% off regular price or 5% off promotional price from contracted facilities.</li> </ul>
Employee vision premiums (monthly, post-tax)	<p><b>All employees:</b></p> <p><b>Base Plan</b>  Employee only \$6.72  Employee + Spouse \$13.46  Employee + Child(ren) \$14.40  Family \$23.00</p> <p><b>Buy-Up Plan</b>  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	40 hours per week
Part-time definition	20-39 hours per week
Part-time employees eligible for:	20 or more hours per week is eligible for life insurance. 30 hours per week is eligible for long term disability.
Basic life insurance/ AD&D (employer paid)	2 times annual salary up to \$200,000
Employee supplemental life insurance (employee paid)	\$5,000 increments up to \$500,000
Dependent life insurance (employee paid)	Spouse: \$5,000 increments up to \$100,000 Child(ren): \$1,000, \$2,000, or \$5,0000
Long term disability	6 month elimination period; 60% of earnings, up to \$3,500 maximum payable per month
Flex spending account	Medical care Dependent care Parking expenses

Health care savings plan	<p>Post employment healthcare savings plan</p> <p>Employees entering the bargaining unit before January 1, 2004 will contribute 5% of gross wages. Employees entering the bargaining unit after January 1, 2004 will contribute 2% of gross wages.</p> <p>100% of unused holidays, vacation and sick leave are contributed upon MSRS or PERA retirement.</p>
Deferred compensation	<p>Tax deferred savings for use after employment</p> <p>2010 contribution maximums:</p> <ul style="list-style-type: none"> <li>• Under age 50: \$16,500</li> <li>• Age 50 and over: \$22,000</li> <li>• Catch-up maximum: \$33,000</li> </ul>
Employee Assistance Program (employer paid)	<p>Online and telephonic assistance</p>
Minnesota State Retirement Program	<p>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	<p>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.</p>
Paid time off (full time employees)	<p><b>Holidays</b></p> <ul style="list-style-type: none"> <li>• New Year's Day</li> <li>• Martin Luther King Day</li> <li>• Memorial Day</li> <li>• Independence Day</li> <li>• Labor Day</li> <li>• Thanksgiving Day</li> <li>• Christmas Day</li> <li>• 5 floating holidays</li> </ul> <p><b>Annual Leave</b></p> <ul style="list-style-type: none"> <li>• First 5 years of service credit: 12 days per year</li> <li>• 6 though 9 years of service credit: 16 days per year</li> <li>• 10 through 16 years of service credit: 21 days per year</li> <li>• 17 through 22 years of service credit: 23 days per year</li> <li>• 23 through 29 years of service credit: 26 days per year</li> <li>• 30 or more years of service credit: 30 days per year</li> </ul> <p>Sick leave accrues at 1 day per month</p>

**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