

## 2010 Benefit Summary

### Full Time Police—Teamsters

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Contract expires	12/31/2008- <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 account)</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 \$59.42</li> <li>• Family \$543.54</li> </ul> <p><b>HRA:</b></p> <ul style="list-style-type: none"> <li>• Single \$44.96</li> <li>• Family \$266.48</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</li> <li>• Single employer HRA contribution: \$1,000</li> <li>• Family deductible: \$2,000</li> <li>• 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>

**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)

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

Single: \$2.08  
Family: \$36.30

**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	<p><b>All employees: 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	<p>Long term disability: 1st of the month after 3 months.          Vision coverage: 1<sup>st</sup> of the month after date of hire.          All other benefits have no waiting period (immediate coverage).</p>
Full-time definition	<p>40 hours per week</p>
Part-time definition	<p>Not applicable</p>
Part-time employees eligible for:	<p>No benefits</p>
Basic life insurance/ AD&D (employer paid)	<p>2 times salary up to \$200,000</p>
Employee supplemental life insurance (employee paid)	<p>\$5,000 increments up to \$500,000</p>
Dependent life insurance (employee paid)	<p>Spouse: \$5,000 increments up to \$100,000.          Children: \$1,000, \$2,000, or \$5,000</p>
Group Universal Life insurance (optional life insurance- employee paid)	<p>Yes</p>
Long term disability (employer paid)	<p>90 day elimination period; 2/3rds of earnings, up to \$5,000 maximum payable per month</p>
Flex spending account	<p>Medical care          Dependent care          Parking expenses</p>

<b>Deferred compensation</b>	Tax deferred savings for use after employment 2009 contribution maximums: <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>
<b>Employee Assistance Program (employer paid)</b>	Online and telephonic assistance
<b>Minnesota State Retirement Program</b>	Employee and employer both contribute 4.75% of employee wages toward pension savings. Contributions increase to 5% on July 1, 2010.
<b>Bus and light rail pass</b>	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.
<b>Paid time off (full time employees)</b>	<p><b>Holidays</b></p> <ul style="list-style-type: none"><li>• New Year's Day</li><li>• Memorial Day</li><li>• Independence Day</li><li>• Labor Day</li><li>• Thanksgiving Day</li><li>• Christmas Day</li><li>• Six floating holidays</li></ul> <p><b>Annual Leave</b></p> <ul style="list-style-type: none"><li>• First 2 years of employment: 5 hours per payroll period</li><li>• 3rd year of employment: 6 hours per payroll period</li><li>• After 3 years through 6 years of employment: 8 hours per payroll period</li><li>• After 6 years through 12 years of employment: 9 hours per payroll period</li><li>• After 12 years of employment: 10 hours per payroll period</li></ul> <p><b>Salary continuance</b></p> <ul style="list-style-type: none"><li>• Through 5 years service credit: 200 hours at full salary; 280 hours at 60% of salary</li><li>• 6 years through 10 years service credit: 400 hours at full salary; 80 hours at 60% of salary</li><li>• 11 or more years service credit: 480 hours at full salary</li></ul>

**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