



2014 Benefit Summary: American Federation of State, County and Municipal Employees (AFSCME)

Contract expires	12/31/15
Benefit Website	http://metcouncil.afscme.benefitsportal.info
Medical plan options	<ul style="list-style-type: none"> • HealthPartners Empower HRA (high deductible health plan with VEBA account) • HealthPartners Distinctions III Plan (3 tier copay plan)
Employee medical premiums (monthly, pre-tax)	<p>Full-time employees:</p> <p>HRA:</p> <ul style="list-style-type: none"> • Single \$12.00 • Family \$215.00 <p>Distinctions III:</p> <ul style="list-style-type: none"> • Single: \$15.00 • Family: \$270.00 <p>Part-time employees (20-37 hours per week—75%):</p> <p>HRA:</p> <ul style="list-style-type: none"> • Single \$157.22 • Family \$532.02 <p>Distinctions III:</p> <ul style="list-style-type: none"> • Single: \$198.04 • Family: \$669.72
Medical plans	<p>HealthPartners Empower HRA In Network Benefits</p> <ul style="list-style-type: none"> • Single calendar year deductible: \$1,375 • Single employer HRA contribution: \$1,375 • Family calendar year deductible: \$2,750 • Family employer HRA contribution: \$2,750 • Preventive care, prenatal care, allergy injections: 100% (no deductible) • All other covered services: 80% after deductible • Single out-of-pocket maximum: \$2,875 (includes deductible) • Family out-of-pocket maximum: \$5,750 (includes deductible) • Unlimited lifetime maximum benefit <p>HealthPartners Distinctions III In Network Benefits</p> <ul style="list-style-type: none"> • \$275 individual/\$550 family calendar year deductible (does not apply to all services) • \$23, \$33, or \$43 office visit copay, depending on the network level of the physician • \$113 emergency room copay

- \$15 prescription drug copay (generic)
- \$33 prescription drug copay (brand name)
- \$1,100 single out-of-pocket maximum (includes deductible)
- \$2,200 family out-of-pocket maximum (includes deductible)
- Unlimited lifetime maximum benefit

Dental plan

HealthPartners Distinctions Dental Plan

Benefit Level 1 (HealthPartners Dental Clinic, Park Dental, Orthodontic Care Specialists, WOW Orthodontics)

- 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: \$1.00
- Family: \$19.00

Part-time employees (20-37 hours per week—75%):

- Single: \$12.48
- Family: \$45.36

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-\$150 allowance;\$70 Costco)- \$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 \$5.80 Employee + Spouse \$11.60 Employee + Child(ren) \$12.40 Family \$19.90</p> <p>Buy-Up Plan</p> <p>Employee only \$8.60 Employee + Spouse \$17.20 Employee + Child(ren) \$18.60 Family \$29.70</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	38 hours per week OR full weekend shift of three 12-hour shifts
Part-time definition	20 -37 hours: 75%
Part-time employees are eligible for:	Medical, dental, life, vision, supplemental sick, long term disability, annual leave
Basic life insurance/AD&D (employer paid)	2 times salary up to \$350,000

Employee supplemental life insurance (employee paid)	\$5,000 increments up to \$500,000
Group universal life insurance (optional life insurance; employee paid)	Yes
Dependent life insurance (employee paid)	<p>Spouse: \$5,000 increments up to \$100,000. Children: \$5,000, \$10,000, or \$15,000</p>
Long term disability (employer paid)	90 day elimination period; 66.6% 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>Employees will contribute 0.25% of salary per pay period to the HCSP.</p> <p>Upon termination, any accumulated and unused annual leave balance will be contributed to the HealthCare Savings Plan based on the following table: 1 to 10 years of service = 0% 10 to 20 years of service = 50% 20+ years of service = 100%</p> <p>50% of the employers FICA savings will be contributed to the members HCSP account.</p>
Deferred compensation	<p>Tax-deferred savings for use after employment Contribution maximums for 2014:</p> <ul style="list-style-type: none"> • Under age 50: \$17,500 • Age 50 and over: \$23,000 • Catch-up maximum: \$35,000
Employee assistance program (employer paid)	Online and telephonic assistance

<p>Minnesota State Retirement Program</p>	<p>Employee and employer both contribute 5% of employee wages toward pension savings.</p>
<p>Bus and light rail pass</p> <p>Paid time off (full time employees)</p>	<p>The Council offers you a free all-you-can-ride bus and light rail pass. This pass is good for free rides for the employee on all regularly scheduled bus and rail routes.</p> <p>Holidays New Year's Day • Martin Luther King Day • President's Day Memorial Day • Independence Day • Labor Day Veteran's Day • Thanksgiving Day Friday After Thanksgiving Day • Christmas Day Two floating holidays</p> <p>Annual Leave</p> <ul style="list-style-type: none"> • First 2 years of employment: 5 hours per payroll • 3rd year of employment: 6 hours per payroll • After 3 through 6 years of employment: 8 hours per payroll • After 6 through 12 years of employment: 9 hours per payroll • After 12 years of employment: 10 hours per payroll <p>Salary continuance</p> <ul style="list-style-type: none"> • Through 5 years service credit: 200 hours at full salary; 280 hours at 60% of salary • 6 years through 10 years service credit: 400 hours at full salary; 80 hours at 60% of salary • 11 or more years service credit: 480 hours 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