



2014 Benefit Summary: Amalgamated Transit Union (ATU)

Contract expires	7/31/2015
Benefit Website	http://metcouncil.atu.benefitsportal.info
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 Plan (3 tier copay plan)
Employee medical premiums (monthly, pre-tax)	<p>Full-time employees:</p> <p>Open Access: Single \$16.92 Family \$317.58</p> <p>HRA: Single \$0 Family \$47.96</p> <p>Distinctions III: Single: \$0 Family: \$108.40</p> <p>Part-time employees (up to 30 hours per week: 75%):</p> <p>Open Access: Single \$224.30 Family \$767.50</p> <p>HRA: Single \$148.24 Family \$406.76</p> <p>Distinctions III: Single: \$186.78 Family: \$548.52</p>
Medical plans	<p>HealthPartners Open Access In Network Benefits</p> <ul style="list-style-type: none"> • \$10 office visit copay • \$50 emergency room copay • \$12 prescription drug copay (retail) • \$24 formulary mail order prescription copay • 80% coverage on MRI/CT scans • \$1,000 single out-of-pocket maximum • \$2,000 family out-of-pocket maximum • Unlimited lifetime maximum benefit

Medical plans

HealthPartners Empower HRA In-Network Benefits

- 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, immunizations: 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

HealthPartners Distinctions III In-Network Benefits

- \$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 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

Dental plan (continued)	<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
Employee dental premiums (monthly, pre-tax)	<p>Full-time employees: Single \$0.00 Family \$27.52</p> <p>Part-time employees (up to 30 hours per week: 75%): Single \$11.72 Family \$51.76</p>
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 Employee only \$5.80 Employee + Spouse \$11.60 Employee + Child(ren) \$12.40 Family \$19.90</p> <p>Buy-Up Plan Employee only \$8.60 Employee + Spouse \$17.20 Employee + Child(ren) \$18.60 Family \$29.70</p>

Waiting period	First of the month following 90 days of service for vision coverage. 1st day after 90 days of service for all other coverage.
Full-time definition	80 hours every 2 weeks
Part-time definition	Up to 30 hours per week: 75%
Part-time employees eligible for:	Medical, dental, life, vision, healthcare savings plan
Basic life insurance (employer paid)	3 months to fewer than 5 years: Full time: \$15,000; part time: \$7,500 5 to fewer than 10 years: Full time: \$20,000; part time: \$10,000 More than 10 years: Full time: \$25,000; part time: \$12,500
Employee supplemental life insurance (employee paid)	\$5,000 increments up to \$150,000
Dependent life insurance (employee paid)	Package: Spouse: \$10,000 Child(ren) 8 days - 6 months: \$500 Child(ren) 6 months - 19 years (25 if full time student): \$5,000
Flexible spending account	Medical care Dependent care Parking expenses
Healthcare savings plan	Post employment healthcare savings plan Member contributions based on years of service- <ul style="list-style-type: none"> • Less than five years of service- \$.10 per hour paid • Five years but less than ten years of service- \$.20 per hour paid • Ten or more years of service- \$.25 per hour paid Unused sick leave balance is contributed upon retirement, plus 50% of employer's FICA savings.
Deferred compensation	Tax-deferred savings for use after employment Contribution maximums for 2014: <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
Minnesota State Retirement Program	Employee and employer both contribute 5% of employee wages toward pension savings.
Bus and light rail pass	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.
Paid time off (full time employees)	<p>Holidays- Robert Street Employees New Year's Day Martin Luther King Day Presidents Day Memorial Day Independence Day Labor Day Veterans Day Thanksgiving Day Friday after Thanksgiving Day Christmas Day Two floating holidays</p> <p>Holidays- All Other Locations New Year's Day Memorial Day Martin Luther King Day Independence Day Labor Day Thanksgiving Day Christmas Day Two floating holidays Employee's anniversary of employment Employee's birthday</p> <p>Vacation After 1 year of service: 1 week After 2 years of service: 2 weeks After 6 years of service: 3 weeks After 11 years of service: 4 weeks After 18 years of service: 5 weeks After 25 years of service: 6 weeks</p>

Sick leave

3.077 hours earned bi-weekly, not to exceed 80 hours per calendar year (complete one year of service to be eligible to use sick leave)

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
