

## MINNESOTA STATE UNIVERSITY, MANKATO FACULTY (IFO) CANDIDATE BENEFITS SUMMARY

The benefits listed are subject to change pending state and federal legislation and changes in the negotiated agreements. For further information about employee benefits, please contact Therese Mullins in the Human Resources Office at (507) 389-6942 or [therese.mullins@mnsu.edu](mailto:therese.mullins@mnsu.edu).

### INSURANCE ELIGIBILITY

**Eligible for Full Employer Contribution Toward Insurance:** Faculty who are employed 75 percent time or more for the nine month academic year are eligible for the full employer contribution toward health, dental, and basic life insurance.

**Eligible for Partial Employer Contribution Toward Insurance:** Faculty employed at least 50 percent time but less than 75 percent time for the nine month academic year are eligible for a partial employer contribution equal to 75 percent of the full employer contribution toward insurance.

### INSURANCE EFFECTIVE DATE

**Insurance coverage does not take effect until after 35 calendar days of employment.** New faculty should find other health insurance to protect themselves and family members until coverage takes effect at Minnesota State Mankato. It may be possible to continue coverage (COBRA) through the faculty member's previous employer; information should be available through that employer's Human Resources Office. Another option may be to purchase a private policy. Many insurance agencies offer low-cost, major medical, or short-term health insurance policies. These policies may require the applicant(s) to provide evidence of good health.

### BASIC LIFE INSURANCE

The employer provides and pays for term life insurance coverage and accidental death and dismemberment coverage for the faculty member. The amount of coverage ranges from \$20,000 to \$95,000 and is determined by the faculty member's annual base salary.

### HEALTH INSURANCE

The Minnesota Advantage Health Plan offers comprehensive health coverage, four cost level options, and three insurance carriers: Blue Cross Blue Shield of Minnesota, HealthPartners, and PreferredOne. Clinics have been placed in one of the four cost levels within these carriers' networks. The faculty member enrolls with one of the insurance carriers and selects a Primary Care Clinic within that carrier's network. Family members may select different Primary Care Clinics but must be enrolled with the same insurance carrier.

A summary of the health coverage and cost levels, "Minnesota Advantage Health Plan Benefits Schedule 2010," is attached. Benefit coverage is uniform across all carriers. There are no out-of-pocket costs for preventative care such as immunizations, well-child care, and routine annual check-ups. A deductible, co-pay, and/or coinsurance applies to other services. The cost level of the member's Primary Care Clinic determines the amount of these out-of-pocket costs.

Most care is coordinated through the member's Primary Care Clinic; however, members may self-refer to certain specialists including obstetricians/gynecologists, chiropractors, and mental health/chemical dependency practitioners.

Following are the 2010 monthly premiums for faculty who are eligible for the **full** employer contribution toward insurance:

HEALTH PLAN	Single Coverage		Family Coverage	
	<b>Employee Pays</b>	Employer Pays	<b>Employee Pays</b>	Employer Pays
Advantage Blue Cross Blue Shield	<b>\$0.00</b>	\$447.28	<b>\$130.20</b>	\$1,185.14
Advantage HealthPartners	<b>\$0.00</b>	\$447.28	<b>\$130.20</b>	\$1,185.14
Advantage PreferredOne	<b>\$0.00</b>	\$447.28	<b>\$130.20</b>	\$1,185.14

### DENTAL INSURANCE

The dental plans offer comprehensive coverage that includes both preventive and corrective services. Preventive care such as periodic examinations, cleanings, and x-rays are covered 100%. A deductible and/or coinsurance applies to corrective services such as fillings, restorative crowns, root canals, oral surgery, orthodontics, etc. See the attached summary of coverage, "Dental Plans for 2010."

Following are the 2010 monthly premiums for faculty who are eligible for the **full** employer contribution toward insurance:

DENTAL PLAN	Single Coverage		Family Coverage	
	<b>Employee Pays</b>	Employer Pays	<b>Employee Pays</b>	Employer Pays
State Dental Plan	<b>\$5.00</b>	\$20.88	<b>\$30.32</b>	\$46.20
HealthPartners State of MN Dental Plan	<b>\$5.00</b>	\$22.52	<b>\$33.58</b>	\$47.84

### OPTIONAL INSURANCE AND PRE-TAX BENEFITS

Faculty may purchase optional insurance and participate in pre-tax benefit plans through the State Employee Group Insurance Program.

Optional insurance plans include: additional employee, spouse, and child life insurance; employee and spouse accidental death and dismemberment insurance; short- and long-term disability insurance; and long-term care insurance. New faculty may purchase certain amounts of insurance coverage without evidence of insurability.

The university contributes annually to a tax-free Health Reimbursement Arrangement (HRA) for eligible faculty. Faculty may also enroll in the pre-tax Health and Dental Premium Account, Medical/Dental Expense Account, Dependent Care Expense Account, and Transit Expense Account.

## RETIREMENT SAVINGS PLANS

Eligible faculty members immediately participate in the Individual Retirement Account Plan (IRAP). New faculty members have 12 months to elect to either remain in the IRAP or change to Minnesota Teachers Retirement Association (TRA). Employee and employer contributions to the IRAP or TRA are a percentage of gross salary. Full-time faculty also participate in the Supplemental Retirement Plan (SRP) after two years of employment.

PLAN NAME	CONTRIBUTION RATES	
	<u>Employer</u>	<u>Employee</u>
Individual Retirement Account Plan (IRAP) The IRAP is a 401(a) defined contribution plan administered by TIAA-CREF. Participants are immediately and fully vested. Participants choose from a broad range of TIAA, CREF, and individual mutual funds.	6.00%	4.50%
Teachers Retirement Association (TRA) TRA is a defined benefit plan in which all investments are managed by the State Board of Investment. TRA requires a minimum of three years participation for vesting and provides a guaranteed lifetime annuity at retirement.	5.50%	5.50%
Supplemental Retirement Program (SRP) SRP begins after two fiscal years of full-time employment. The employee contributes 5% of salary up to the maximum deduction allowed in the IFO/MnSCU Agreement and the university matches those contributions. This plan, administered by TIAA-CREF, includes TIAA, CREF, and individual mutual funds.	5.00%	5.00%
Social Security (FICA) and Medicare taxes for 2010		
1. For old-age, survivors and disability insurance, etc. (FICA). Based on salary up to \$106,800	6.20%	6.20%
2. For hospital insurance (Medicare) No salary limit	1.45%	1.45%

Faculty may also contribute to two voluntary retirement savings programs: the Tax Sheltered Annuity Plan and the Minnesota State Deferred Compensation Plan.

## TUITION WAIVER

Faculty are eligible for up to 30 semester credit hours of course work per year (number of credits is pro-rated for part-time fixed-term and adjunct faculty) with the waiver of tuition at MnSCU state universities only. The tuition waiver may be shared with the spouse or financially dependent children. Tuition waived for graduate level courses for a spouse or child is reported as taxable income for the employee.

## PAID LEAVES OF ABSENCE

Faculty accrue paid sick leave days during their appointment periods. New faculty are credited with a sick leave advance at the start of employment. Up to three paid personal days may also be granted each year.

# Minnesota Advantage Health Plan Benefits Schedule 2010

2010-2011 Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>● Routine medical exams, cancer screening</li> <li>● Child health preventive services, routine immunizations</li> <li>● Prenatal and postnatal care and exams</li> <li>● Adult immunizations</li> <li>● Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible</b> (single/family)	\$50/100	\$140/280	\$350/700	\$600/1200
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care within the service area</b> <ul style="list-style-type: none"> <li>● Outpatient visits in a physician's office</li> <li>● Chiropractic services</li> <li>● Outpatient mental health and chemical dependency</li> </ul>	\$17/22* copay per visit annual deductible applies	\$22/27* copay per visit annual deductible applies	\$27/32* copay per visit annual deductible applies	\$37/42* copay per visit annual deductible applies
<b>D. Convenience Clinics</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>E. Emergency Care</b> (in service area) <ul style="list-style-type: none"> <li>● Emergency care received in a hospital emergency room</li> </ul>	\$75 copay annual deductible applies	\$75 copay annual deductible applies	\$75 copay annual deductible applies	25% coinsurance annual deductible applies
<b>F. Inpatient Hospital Copay</b> (waived for admission to Center of Excellence)	\$85 copay annual deductible applies	\$180 copay annual deductible applies	\$450 copay annual deductible applies	25% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$55 copay annual deductible applies	\$110 copay annual deductible applies	\$220 copay annual deductible applies	25% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>● Ambulance</li> <li>● Home Health Care</li> <li>● Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> <li>● Radiation/chemotherapy</li> <li>● Dialysis</li> <li>● Day treatment for mental health and chemical dependency</li> <li>● Other diagnostic or treatment related</li> </ul> </li> </ul>	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$10/\$16/\$36	\$10/\$16/\$36	\$10/\$16/\$36	\$10/\$16/\$36
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (excludes PKU, Infertility, growth hormones) (single/family)	\$800/1600	\$800/1600	\$800/1600	\$800/1600
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1100/2200	\$1100/2200	\$1100/2200	\$1100/2200

\*The level of the office visit copayment for the employee and his or her family is dependent upon whether you have completed the Health Assessment in each Open Enrollment. Employees who have completed the Health Assessment and agreed to a follow-up call from a health coach are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network: the plan covers 80% of the first \$2000 of eligible charges, then 100% per calendar year.

Out-of-Network coverage is available only for members whose permanent residence is outside the state of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave including sabbatical leaves] and all dependent children, including college students, and spouses living out of area. These members pay a \$350 single or \$700 family deductible and 30% coinsurance to the out-of-pocket maximums described in section O above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits are administered, including the transplant benefit, and in the referral and diagnosis coding patterns of primary care clinics, and the definitions of allowed amount.

# Dental Plans for 2010

Annual Maximum per person (does not apply to Orthodontia)		\$1000
<b>Diagnostic and preventive care</b>		
	In-network	Out-of-network
Preventive care; examinations, x-rays, oral hygiene & teeth cleaning	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Fluoride treatment (to age 19)		
Space maintainers		
Annual Deductible	\$50 per person \$150 per family	\$125 per person
<b>Restorative care and prosthetics</b>		
	In-network	Out-of-network
Fillings (customary restorative materials)	60% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants		
Oral surgery (simple extractions and root canals)		
Periodontics (gum disease therapy)		
Endodontics (root canal therapy)		
Inlays and overlays		
Restorative crowns		
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
<i>Full or partial dentures</i>		
<i>Dental relines or rebases</i>		
<i>Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)</i>	50% coverage (deductible does not apply). Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply). Coverage is limited to dependents under age 19.

*Emergency services are covered at the same benefit level as a non-emergency service.*

*\*Please refer to the Certificate of Coverage for specific plan limitations.*