

**BEMIDJI STATE UNIVERSITY
CANDIDATE BENEFITS SUMMARY
For AFSCME, MAPE, MGEC, MMA, MNA, & COMMISSIONER'S PLAN**

These benefits apply to employees in AFSCME Council 5, Minnesota Association of Professional Employees (MAPE), Middle Management Association (MMA), Minnesota Nurses Association (MNA), and the Commissioner's Plan. 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 Human Resources at (218) 755-3966.

INSURANCE ELIGIBILITY

Eligible for Full Employer Contribution Toward Insurance: Employees are eligible for the full employer contribution toward health, dental, and basic life insurance if they are:

- scheduled to work at least forty (40) hours weekly for a period of nine (9) months or more in any twelve (12) consecutive months, or
- scheduled to work at least sixty (60) hours per pay period for twelve (12) consecutive months, but excluding part-time or seasonal employees serving less than seventy-five (75) percent basis.

Eligible for Partial Employer Contribution Toward Insurance: Employees are eligible for the full employer contribution toward basic life insurance and a partial employer contribution toward health and dental insurance if they are:

- employed in a part-time, unlimited appointment and work at least fifty (50) percent time but less than seventy-five (75) percent time, or
- employed in a seasonal appointment and scheduled to work at least 1,044 hours over a period of twelve (12) consecutive months.

Emergency, temporary, or intermittent employees, student workers, and interns are not eligible for insurance.

INSURANCE EFFECTIVE DATE

Insurance coverage does not take effect until after 35 calendar days of employment. New employees should find other health insurance to protect themselves and family members until coverage takes effect at Bemidji State. It may be possible to continue coverage (COBRA) through the employee'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 employee. The amount of coverage ranges from \$15,000 to \$95,000 and is determined by the employee's annual 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 employee 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 2011 Benefits Schedule," 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 may apply to other services. The cost level of the employee's Primary Care Clinic determines the amount of these out-of-pocket costs.

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

Following are the 2011 monthly premiums for employees who are eligible for the **full** employer contribution toward insurance:

HEALTH PLAN	Single Coverage		Family Coverage	
	Employee Pays	Employer Pays	Employee Pays	Employer Pays
Advantage Blue Cross Blue Shield	\$0.00	\$447.28	\$130.20	\$1,185.14
Advantage HealthPartners	\$0.00	\$447.28	\$130.20	\$1,185.14
Advantage PreferredOne	\$0.00	\$447.28	\$130.20	\$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 2011."

Following are the 2011 monthly premiums for employees who are eligible for the **full** employer contribution toward insurance:

DENTAL PLAN	Single Coverage		Family Coverage	
	Employee Pays	Employer Pays	Employee Pays	Employer Pays
State Dental Plan	\$5.00	\$21.62	\$31.04	\$47.66
HealthPartners State of MN Dental Plan	\$5.00	\$22.38	\$32.58	\$48.42

OPTIONAL INSURANCE

Employees 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 employees may purchase certain amounts of insurance coverage without evidence of insurability.

Employees may 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

Employees participate in the Minnesota State Retirement System (MSRS) General Plan which is a defined benefit plan with all investments managed by the State Board of Investment. MSRS requires a minimum of three years participation for vesting and provides a guaranteed lifetime annuity to eligible retirees. The employee contributes 5.00 percent of gross pay and the university matches with 5.00 percent. Taxes are deferred until withdrawal of funds.

Employees also contribute to Social Security and the university matches those contributions.

Social Security (FICA) and Medicare taxes for 2011:	Employer	Employee
1. For old-age, survivors and disability insurance, etc. (FICA). Based on salary up to \$106,800	6.20%	4.20%
2. For hospital insurance (Medicare) No salary limit	1.45%	1.45%

Two voluntary retirement savings programs are also offered: the Tax Sheltered Annuity Plan and the Minnesota State Deferred Compensation Plan. Employees may be eligible for employer matching contributions and/or the option to convert unused vacation or compensatory time to Deferred Compensation.

TUITION WAIVER

Eligible employees, as determined by their collective bargaining agreement (CBA), may take up to the number of credit hours of course work per year as specified in their CBA with the waiver of tuition at MnSCU state universities only. The tuition waiver may be shared with the spouse or 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

Paid leaves of absence for full-time employees include paid holidays, paid sick leave of absence which accrues at the rate of four (4) hours every two weeks (13 days a year), and paid vacation which accrues at four (4) hours every two weeks (13 days a year) for new employees. Paid leave is prorated for part-time employees.

Minnesota Advantage Health Plan 2011 Benefits Schedule

2011 Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
A. Preventive Care Services <ul style="list-style-type: none"> • Routine medical exams, cancer screening • Child health preventive services, routine immunizations • Prenatal and postnatal care and exams • Adult immunizations • Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	\$50/100	\$140/280	\$350/700	\$600/1200
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care within the service area <ul style="list-style-type: none"> • Outpatient visits in a physician's office • Chiropractic services • Outpatient mental health and chemical dependency 	\$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
D. Convenience Clinics	\$10 copay	\$10 copay	\$10 copay	\$10 copay
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> • Emergency care received in a hospital emergency room 	\$75 copay annual deductible applies	\$75 copay annual deductible applies	\$75 copay annual deductible applies	25% coinsurance annual deductible applies
F. Inpatient Hospital Copay (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
G. Outpatient Surgery Copay	\$55 copay annual deductible applies	\$110 copay annual deductible applies	\$220 copay annual deductible applies	25% coinsurance annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics and Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (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
K. MRI/CT Scans	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	25% coinsurance annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: <ul style="list-style-type: none"> • Ambulance • Home Health Care • Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> • Radiation/chemotherapy • Dialysis • Day treatment for mental health and chemical dependency • Other diagnostic or treatment related 	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	25% coinsurance annual deductible applies
M. M. Prescription Drugs 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
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$800/1600	\$800/1600	\$800/1600	\$800/1600
O. Plan Maximum Out-of-Pocket Expense (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 the employee has completed the Health Assessment in each Open Enrollment period, and opted-in for any indicated health coaching. Employees who have completed the Health Assessment and opted-in for health coaching are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.

This chart applies only to in-network coverage. 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 maximum 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.

Out-of-network emergency and urgent care are covered at the in-network level beginning in 2011.

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, including the transplant benefit, are administered, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

Dental Plans for 2011

Covered Services	In-network Benefits	Out-of-network Benefits
Diagnostic and preventive care		
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)	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics		
Fillings (customary restorative materials)	60% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	60% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	60% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	60% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	60% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	60% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	60% coverage after deductible	50% coverage of the allowed amount after deductible
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
Full or partial dentures	50% coverage after deductible	50% coverage of the allowed amount after deductible
Dental relines or rebases	50% coverage after deductible	50% coverage of the allowed amount after deductible
Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)	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.		
*See certificate of coverage for specific plan limitations.		

Annual Maximum per person (does not apply to Orthodontia) \$1000.