

**BEMIDJI STATE UNIVERSITY
BENEFITS SUMMARY
for ADMINISTRATORS**

The benefits listed are subject to change pending state and federal legislation and MnSCU Board Regulations. For further information about employee benefits, please contact Human Resources at (218) 755-3966.

Eligible for Full Employer Contribution Toward Insurance: Administrators who are employed at least 75 percent time for a nine (9) month or longer appointment are eligible for the full employer contribution toward health, dental, and managerial life insurance.

INSURANCE EFFECTIVE DATE

Insurance coverage does not take effect until after 35 calendar days of employment. New administrators should find other health insurance to protect themselves and family members until coverage takes effect at Bemidji State University. It may be possible to continue coverage (COBRA) through the administrator'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.

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 administrator 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 2008-2009 Benefits Schedule," is attached. Benefit coverage is uniform across all carriers. There are no out-of-pocket costs for preventive 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 2008 monthly premiums for administrators 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	\$432.16	\$125.80	\$1,145.06
Advantage HealthPartners	\$0.00	\$432.16	\$125.80	\$1,145.06
Advantage PreferredOne	\$0.00	\$432.16	\$125.80	\$1,145.06

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 2008.”

Following are the 2008 monthly premiums for administrators 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	\$21.02	\$30.48	\$46.50
HealthPartners Dental	\$5.00	\$21.90	\$32.22	\$47.38

LIFE INSURANCE AND INCOME PROTECTION PLAN

Administrators may elect either Plan A which includes employer-paid life insurance equal to 1½ times the annual salary plus income protection/disability insurance or Plan B which provides employer-paid life insurance equal to 2 times the annual salary and an option to purchase the income protection/disability insurance.

OPTIONAL INSURANCE AND PRE-TAX BENEFITS

Administrators may enroll in additional employee, spouse, and child life insurance; employee and spouse accidental death and dismemberment insurance; and long-term care insurance. New administrators may purchase certain amounts of insurance coverage without evidence of insurability.

The university contributes \$600 annually to a tax-free Health Reimbursement Arrangement (HRA) for eligible administrators. Administrators 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

Administrators who are new to the state system participate in the Individual Retirement Account Plan (IRAP). Administrators who have previous employment in the state system may be able to elect the Minnesota State Retirement System (MSRS) Unclassified Plan. Employee and employer contributions are a percentage of gross salary. Full-time administrators 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%
Minnesota State Retirement System (MSRS) Unclassified Plan The MSRS Unclassified Plan is a defined contribution plan with investment choices through the State Board of Investment. An option of moving to the MSRS General Plan (a defined benefit plan) after ten years of allowable service may be available.	6.00%	4.00%
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 personnel plan 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 2008		
1. For old-age, survivors and disability insurance, etc. (FICA) Based on salary up to \$102,000	6.20%	6.20%
2. For hospital insurance (Medicare) No salary limit	1.45%	1.45%

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

PAID LEAVES OF ABSENCE

Leaves of absence for full-time administrators include paid holidays, paid sick leave, and paid vacation accruing at 22 days a year for new administrators. Paid leave is prorated for part-time administrators. Administrators may transfer up to five days of unused vacation to either the Tax-Sheltered Annuity or Deferred Compensation Plan each year.

TUITION WAIVER

Administrators employed at least 75 percent time are eligible for up to 24 semester credit hours of course work per year with the waiver of tuition at any Minnesota state university. 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 administrator.

Minnesota Advantage Health Plan 2008 – 2009 Benefits Schedule

2008-2009 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 service area) <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	\$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	30% 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	30% 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	30% coinsurance annual deductible applies
K. MRI/CT Scans	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	30% 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 outpatient services 	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	10% coinsurance annual deductible applies	30% coinsurance annual deductible applies
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 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, and in the referral and diagnosis coding patterns of primary care clinics.

Dental Plans for 2008

Annual Maximum per person (does not apply to Orthodontia)		\$1000
Diagnostic and preventive care	In-network	Out-of-network
<i>Preventive care; examinations, x-rays, oral hygiene & teeth cleaning</i>	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
<i>Fluoride treatment (to age 19)</i>		
<i>Space maintainers</i>		
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics	In-network	Out-of-network
<i>Fillings (customary restorative materials)</i>	60% coverage after deductible	50% coverage of the allowed amount after deductible
<i>Sealants</i>		
<i>Oral surgery (simple extractions and root canals)</i>		
<i>Periodontics (gum disease therapy)</i>		
<i>Endodontics (root canal therapy)</i>		
<i>Inlays and overlays</i>		
<i>Restorative crowns</i>		
<i>Fixed or removable bridgework</i>	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.