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**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 the Human Resources Office at (218) 755-3966 or [hr@bemidjistate.edu](mailto:hr@bemidjistate.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 Bemidji State University. 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 insurability.

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 based on 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. Benefit coverage is uniform across all carriers. Most care is coordinated through the member's primary care clinic. Members may self-refer to some specialists including obstetricians/gynecologists, chiropractors, and mental health/chemical dependency practitioners.

There are no out-of-pocket costs for preventive care such as immunizations, well-child care, and routine annual check-ups. Cost-sharing in the form of deductibles, copays, and/or coinsurances applies to other services. The amounts depend on the cost level of the member's clinic. See the attached health plan benefits schedule for a summary of the coverage and out-of-pocket costs.

Following are the 2013 monthly premiums for faculty 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 | <b>\$0.00</b>   | \$503.20      | <b>\$146.48</b> | \$1,333.28    |
| Advantage HealthPartners         | <b>\$0.00</b>   | \$503.20      | <b>\$146.48</b> | \$1,333.28    |
| Advantage PreferredOne           | <b>\$0.00</b>   | \$503.20      | <b>\$146.48</b> | \$1,333.28    |

### 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%. An annual deductible and a coinsurance apply to corrective services such as fillings, restorative crowns, root canals, oral surgery, orthodontics, etc. See the attached dental plan summary.

Following are the 2013 monthly premiums for faculty 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                      | <b>\$5.00</b>   | \$21.62       | <b>\$31.04</b>  | \$47.66       |
| HealthPartners State of MN Dental Plan | <b>\$5.00</b>   | \$22.38       | <b>\$32.58</b>  | \$48.42       |

### OPTIONAL INSURANCE AND PRE-TAX BENEFITS

Faculty may purchase optional insurance and participate in pre-tax flexible spending accounts 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 enroll 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 will participate in either the Individual Retirement Account Plan (IRAP) or the 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.

| RETIREMENT PLAN NAME   | CONTRIBUTION RATES      |                 |
|--|-------------------------|-----------------|
|  | <u>Employer</u>         | <u>Employee</u> |
| Individual Retirement Account Plan (IRAP)<br>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 investment funds.  | 6.00%                   | 4.50%           |
| Teachers Retirement Association (TRA)<br>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.  | 6.50%                   | 6.50%           |
|  | Effective July 1, 2013: |                 |
|  | 7.00%                   | 7.00%           |
| Supplemental Retirement Program (SRP)<br>SRP begins after two fiscal years of full-time employment. The employee contributes 5% of salary up to the maximum contribution allowed in the IFO/MnSCU Agreement and the university matches those contributions. This plan, administered by TIAA-CREF, includes a wide range of investment funds. | 5.00%                   | 5.00%           |
| Social Security (FICA) and Medicare taxes for 2013   |                         |                 |
| 1. For old-age, survivors and disability insurance, etc. (FICA). Based on salary up to \$113,700   | 6.20%                   | 6.20%           |
| 2. For hospital insurance (Medicare) on all salary   | 1.45%                   | 1.45%           |
| Plus additional contribution on salary of \$200,000 and above  | 0%                      | 0.90%           |

Faculty may also contribute to two voluntary retirement savings programs: the Tax Sheltered Annuity (TSA)/403(b) Plan and the Minnesota State Deferred Compensation/457 Plan.

#### TUITION WAIVER

Faculty are eligible for up to 30 semester credit hours of course work per year (number of credits is prorated 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. Some tuition benefits are taxable.

#### PAID LEAVES OF ABSENCE

Faculty accrue paid sick leave during their appointment periods, and 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.

# 2013 Minnesota Advantage Health Plan Schedule of Benefits

| 2013 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>Women's preventative healthcare services</li> <li>Adult immunizations</li> <li>Routine eye and hearing exams</li> </ul>   | Nothing   | Nothing   | Nothing   | Nothing   |
| <b>B. Annual First Dollar Deductible (single/family)</b>  | \$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</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> <li>Urgent Care clinic visits (in or out of network)</li> </ul>   | \$17/22* copay per visit<br>annual deductible applies | \$22/27* copay per visit<br>annual deductible applies | \$27/32* copay per visit<br>annual deductible applies | \$37/42* copay per visit<br>annual deductible applies |
| <b>D. Convenience Clinics</b>   | \$10 copay  | \$10 copay  | \$10 copay  | \$10 copay  |
| <b>E. Emergency Care (in or out of network)</b> <ul style="list-style-type: none"> <li>Emergency care received in a hospital emergency room</li> </ul>  | \$75 copay<br>annual deductible applies               | \$75 copay<br>annual deductible applies               | \$75 copay<br>annual deductible applies               | 25% coinsurance<br>annual deductible applies          |
| <b>F. Inpatient Hospital Copay (waived for admission to Center of Excellence)</b>   | \$85 copay<br>annual deductible applies               | \$180 copay<br>annual deductible applies              | \$450 copay<br>annual deductible applies              | 25% coinsurance<br>annual deductible applies          |
| <b>G. Outpatient Surgery Copay</b>  | \$55 copay<br>annual deductible applies               | \$110 copay<br>annual deductible applies              | \$220 copay<br>annual deductible applies              | 25% coinsurance<br>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<br>annual deductible applies          |
| <b>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)</b>  | 5% coinsurance<br>annual deductible applies           | 5% coinsurance<br>annual deductible applies           | 10% coinsurance<br>annual deductible applies          | 25% coinsurance<br>annual deductible applies          |
| <b>K. MRI/CT Scans</b>  | 5% coinsurance<br>annual deductible applies           | 5% coinsurance<br>annual deductible applies           | 10% coinsurance<br>annual deductible applies          | 25% coinsurance<br>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<br>annual deductible applies           | 5% coinsurance<br>annual deductible applies           | 10% coinsurance<br>annual deductible applies          | 25% coinsurance<br>annual deductible applies          |
| <b>M. Prescription Drugs</b><br>30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.<br><b>Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.</b>   | \$10/\$16/\$36  | \$10/\$16/\$36  | \$10/\$16/\$36  | \$10/\$16/\$36  |
| <b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)</b>  | \$800/1600  | \$800/1600  | \$800/1600  | \$800/1600  |
| <b>O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)</b>   | \$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 agreed to accept a health coach call. Employees who have completed the Health Assessment and accept a health coaching call 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.

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 2013

| Annual Maximum per person (does not apply to Orthodontia) \$1000.                       |   |   |
|---|---|---|
| Covered Services  | In-network Benefits   | Out-of-network Benefits   |
| <b>Diagnostic and preventive care</b>   |   |   |
| 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)   |
| <b>Annual Deductible</b>  | <b>\$50 per person<br/>\$150 per family</b>   | <b>\$125 per person</b>   |
| <b>Restorative care and prosthetics</b>   |   |   |
| 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.