

**Saint Paul College  
Benefits Summary for Administrators**

The benefits listed are subject to change pending state and federal legislation and Minnesota State Board of Trustees regulations. For further information about employee benefits, please contact Human Resources at 651/846-1442.

**INSURANCE ELIGIBILITY**

***Full Employer Contribution - Basic Eligibility.***

Administrators who 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.

**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 Saint Paul College.

**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 Benefits Schedule," for 2017 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.

The 2017 monthly health premiums rate summary is attached at the end of this document.

Additional information on insurance can be found at <http://mn.gov/mmb/segip/medical-dental/>

**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 Plan Benefits Schedule" for 2017.

The 2017 monthly dental premiums rate summary is attached at the end of this document.

**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.

The 2017 income protection plan rate summary is attached at the end of this document.

**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 2017 optional insurance rate summary is attached at the end of this document.

**Health Reimbursement Arrangement:**

The college contributes annually to a tax-free Health Reimbursement Arrangement (HRA) for eligible administrators, currently \$800/year. 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.

Administrators are eligible for an employer funded Health Reimbursement Arrangement (HRA) each year. The HRA can be used to reimburse the employee for certain out-of-pocket medical and dental expenses. Unused funds in the HRA account can roll-over from year to year, without being forfeited, as long as the participant continues to be actively employed or chooses COBRA coverage at termination of employment. If the employee reaches a certain threshold amount, further contributions will be directed to a Health Care Savings Plan (HCSP). The HCSP is administered by the Minnesota State Retirement System (MSRS). With a few exceptions permitted by law, administrator severance payments are made into an HCSP account.

**RETIREMENT SAVINGS PLANS**

PLAN NAME	CONTRIBUTION RATES	
	Employer	
Employee Individual Retirement Account Plan (IRAP)	6.00%	4.50%
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.		
Teachers Retirement Association	7.50%	7.50%

The TRA is a defined contribution plan

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

**Supplemental Retirement:**

Administrator's beginning in their third year of full-time employment will become eligible for supplemental retirement. The administrator contributes a sum equal to five percent (5%) of the annual salary paid after the first \$6,000 up to a maximum of \$2,700 per fiscal year. The college makes a contribution in an amount equal to the deductions made from the administrator's salary.

**PAID LEAVES OF ABSENCE**

Leaves of absence for full-time administrators include paid holidays (10 per year), paid sick leave, and paid vacation accruing at 23 days a year for new administrators. Administrators may transfer up to five days of unused vacation to either the Tax-Sheltered Annuity or Deferred Compensation Plan each year.

When employment in an administrator position in the Minnesota State Colleges and Universities is the initial employment in state service, full-time administrators shall be credited with ten (10) days of annual leave. Such credit shall be reduced proportionately as annual leave is accumulated. 15 days of sick leave shall be credited to all new full-time administrators at the time of their employment to cover possible disability during the first 30 pay periods of employment. Beginning with the 31st pay period of employment, each administrator shall be credited with one-half (1/2) additional day of sick leave for each succeeding pay period of employment completed.

**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 MnSCU college or university. The tuition waiver may be shared with the spouse or financially dependent children for use at MnSCU 2-year colleges only.

## 2017 Health Plan Rates

### Full employer contribution

Monthly Health Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	613.32	582.66	30.66	1190.24	1011.70	178.54	1803.56	1594.36	209.20
Advantage HealthPartners	613.32	582.66	30.66	1190.24	1011.70	178.54	1803.56	1594.36	209.20
Advantage PreferredOne	613.32	582.66	30.66	1190.24	1011.70	178.54	1803.56	1594.36	209.20

### 75% employer contribution

Monthly Health Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	613.32	437.00	176.32	1190.24	758.78	431.46	1803.56	1195.78	607.78
Advantage HealthPartners	613.32	437.00	176.32	1190.24	758.78	431.46	1803.56	1195.78	607.78
Advantage PreferredOne	613.32	437.00	176.32	1190.24	758.78	431.46	1803.56	1195.78	607.78

### 50% employer contribution

Monthly Health Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	613.32	291.34	321.98	1190.24	505.86	684.38	1803.56	797.20	1006.36
Advantage HealthPartners	613.32	291.34	321.98	1190.24	505.86	684.38	1803.56	797.20	1006.36
Advantage PreferredOne	613.32	291.34	321.98	1190.24	505.86	684.38	1803.56	797.20	1006.36

### 0% employer contribution

Monthly Health Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	613.32	0	613.32	1190.24	0	1190.24	1803.56	0	1803.56
Advantage HealthPartners	613.32	0	613.32	1190.24	0	1190.24	1803.56	0	1803.56
Advantage PreferredOne	613.32	0	613.32	1190.24	0	1190.24	1803.56	0	1803.56

# 2017 Minnesota Advantage Health Plan Schedule of Benefits

2016 - 17 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 (single/family)</b>	\$150/300	\$250/500	\$550/1,100	\$1,250/2,500
<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 &amp; out of network)</li> </ul>	\$25/30* copay per visit Annual deductible applies	\$ 30/35* copay per visit Annual deductible applies	\$60/65* copay per visit Annual deductible applies	\$80/85* copay per visit Annual deductible applies
<b>D. In-network Convenience Clinics &amp; Online Care (deductible waived)</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>	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	25% coinsurance Annual deductible applies
<b>F. Inpatient Hospital Copay (waived for admission to Center of Excellence)</b>	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics, Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance 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 Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
<b>K. MRI/CT Scans</b>	5% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% 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)</li> <li>Radiation/chemotherapy</li> <li>Dialysis</li> <li>Day treatment for mental health and chemical dependency</li> <li>Other diagnostic or treatment related outpatient services</li> </ul>	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% 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 Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$14/25/50	\$14/25/50	\$14/25/50	\$14/25/50
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)</b>	\$800/1,600	\$800/1,600	\$800/1,600	\$800/1,600
<b>O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)</b>	\$1,200/2,400	\$1,200/2,400	\$1,600/3,200	\$2,600/5,200

\*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. Point-of-Service (POS), 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] and college students. It is also available to dependent children and spouses permanently residing outside the service 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. This benefit must be requested.

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. Beginning in 2016, benefits for palliative care and for the treatment of autism have been added, and are fully described in the Advantage Summary of Benefits.

## 2017 Dental Plan Rates

### Full employer contribution

Monthly Dental Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	33.70	28.70	5.00	66.00	33.00	33.00	99.70	61.70	38.00
HealthPartners Dental	33.70	28.70	5.00	66.00	33.00	33.00	99.70	61.70	38.00

### 75% employer contribution

Monthly Dental Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	33.70	21.54	12.16	66.00	24.76	41.24	99.70	46.30	53.40
HealthPartners Dental	33.70	21.54	12.16	66.00	24.76	41.24	99.70	46.30	53.40

### 50% employer contribution

Monthly Dental Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	33.70	14.36	19.34	66.00	16.50	49.50	99.70	30.86	68.84
HealthPartners Dental	33.70	14.36	19.34	66.00	16.50	49.50	99.70	30.86	68.84

### 0% employer contribution

Monthly Dental Plan	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	33.70	0	33.70	66.00	0	66.00	99.70	0	99.70
HealthPartners Dental	33.70	0	33.70	66.00	0	66.00	99.70	0	99.70

## Dental Schedule of Benefits for 2016 - 2017

**\$1500 Annual Maximum per person (does not apply to orthodontia)**

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 of the allowed amount (deductible does not apply)
Fluoride treatment (to age 19)	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
<b>Annual Deductible</b>	<b>\$50 per person \$150 per family</b>	<b>\$125 per person</b>
<b>Restorative care and prosthetics</b>		
Fillings (customary restorative materials)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	80% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	80% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	80% 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.

## 2017 Optional Coverage Rates

### Life Insurance

If you currently have Employee or Spouse Optional Life Coverage, you may add the following amount with evidence of good health at any time:

Age of employee or spouse	Semi-monthly cost per \$5000 of coverage	Monthly cost per \$5000 of coverage
Under 30	\$.15	\$.30
30-34	.20	.40
35-39	.23	.46
40-44	.28	.56
45-49	.48	.96
50-54	.88	1.76
55-59	1.38	2.76
60-64	2.25	4.50
65-69	3.63	7.26
70-74	5.88	11.76
75-79	9.50	19.00
80-84	15.38	30.76
85-89	30.75	61.50

### Child life insurance

The cost of \$10,000 in child life insurance is:

Semi-monthly \$.42

Monthly \$.84

### Accidental death and dismemberment

The cost of \$5,000 in accidental death/dismemberment insurance is:

Semi-monthly \$.08

Monthly \$.16

**You must be actively at work for any increase in optional coverage to take effect.**