



ST. CATHERINE
UNIVERSITY

2014

Benefits in Brief
Summary

for

Eligible Full Time Employees

(F.T.E. 0.75 to 1.0)

(This not a legal summary plan description)

Health Insurance

Provider: HealthPartners - All Plans are in the Open Access Choice Network

Options: Core Plan, Buy Up Plan, or High Deductible Health Plan with a Health Savings Account (HSA)

Eligibility: Eligible Employees, .50 – 1.00 Full Time Employee (FTE)

Eligibility begins the 1st of month on or following employment, 30 day enrollment period after hire date or qualifying mid-year life event. Eligible employees may waive coverage. Your out-of-pocket expenses depend on the plan selected and occur at the time service is provided.

Dependent Eligibility is to the end of the month that the dependent turns 26 years of age.

	Core Plan	Buy Up Plan	High Deductible
In-Network Benefits			
Annual Deductible (calendar year)	\$1,200 (single)/\$3,600 (family)	\$650(single)/\$1,950(family)	\$3,500 (single)/ \$7,000 (family)
Annual medical out-of-pocket maximum	\$3,000/\$6,000	\$1,800/\$5,400	\$3,500/\$7,000
Preventative health care	100% coverage	100% coverage	100% coverage
Office visits	\$35 copayment primary care \$50 copayment specialist care	\$35 copayment primary care \$50 copayment specialist care	100% after deductible
Retail Clinic Visit	\$10 copayment	\$10 copayment	100% after deductible
Hospital – Inpatient care	80% after deductible	100% after deductible	100% after deductible
Hospital – Outpatient care	80% after deductible	100% after deductible	100% after deductible
MRI/CT Scans	80% after deductible	80% after deductible	100% after deductible
Urgent care	\$25 copayment	\$25 copayment	100% after deductible
Emergency care	\$75 copayment	\$75 copayment	100% after deductible
Ambulance	80% after deductible	80% after deductible	100% after deductible
Prescription drugs Specialty Drugs	\$12 Generic/\$30 Brand 80% to maximum of \$200 per refill no subject to the deductible	\$12 Generic/\$30 Brand 80% to maximum of \$200 per refill no subject to the deductible	100% after deductible
Out-of-Network Benefits			
Calendar year deductible	\$2,400 (single) \$7,200 (family)	\$1,300(single) \$3,900(family)	\$5,950 per person \$11,850 per family
Annual medical out-of-pocket maximum	\$5,000/\$10,000	\$1,800/\$5,400	\$11,400 per person \$22,600 per family
Coinsurance for other services - (Office Visits, Pre/Postnatal care, Prescriptions, In/Out-patient care)	60% after deductible No coverage for MRI/CT scans	70% after deductible No coverage for MRI/CT scans	60% after deductible

Rates can be found in appendix A.

Union employees should consult contract

Dental Insurance

Provider: HealthPartners

Options: HealthPartners Classic Dental Network Plan OR HealthPartners Exceed Choice Plan

Eligibility: Eligible Employees, .50 – 1.00 FTE.

Eligibility begins the 1st of month on or following employment, 30 day enrollment period after hire date or qualifying mid-year life event. Eligible employees may waive coverage. Your out-of-pocket expenses depend on the plan/tier selected and occur at the time service is provided.

Dependent Eligibility is to the end of the month that the dependent turns 26 years of age.

	Regional	Distinctions		
Benefits	Tier 1 Only – Dentist is selected and in the Network	Tier 1 – Core Network	Tier 2 – Extended Network	Out of Network
Annual Deductible (Calendar Year)	None	None	\$25/person, \$75/family	\$50/person, \$150/family
Annual maximum	None	\$2,000	\$1,000	\$1,000
Preventive/Diagnostic Sealants	100% coverage 100% coverage	100% 100%	100% 100%	80% 80%
Fillings Oral Surgery	90% coverage 90% coverage	90% 90%	80% 80%	80% 50%
Special Care Prosthetics	60% coverage 60% coverage	60% 60%	50% 50%	50% 50%
Orthodontics	50% coverage up to \$1,500 for all ages	50% up to \$1,500 for all ages	50% up to \$1,000 for dependents <19	50% up to \$1,000 for dependents <19

Rates can be found in Appendix A

Flexible Benefit Plans

(Use the funds in the year that they are elected or loss the funds at the end of the year that they are elected)

Health Care Reimbursement Account and Dependent Care Reimbursement Account

Provider: HealthPartners

This plan allows eligible employees use pre-tax dollars to pay qualified medical and/or dependent care expenses. Employees file claims against their account and are reimbursed for expenses. Unclaimed amounts are forfeited at calendar year end.

Options: Health Care Reimbursement Account = up to \$2,500 annually can be deposited for medical expenses.
Dependent Care Reimbursement Account = Up to \$5,000 annually can be deposited for day care expenses.

Eligibility: Eligible Employees, .50 – 1.0 FTE. New hires must enroll within 30 days of employment. Participation begins 1st of the month on or following hire date.

Note: If you enroll in the High Deductible Health Plan you will only be eligible for a Limited Purpose Medical Flexible Spending Account which will allow for qualified dental or vision expenses only.

Transportation and Parking Reimbursement Account

Provider: Benefit Extras

This plan allows eligible employees to use pre-tax dollars to pay qualified work related transit (bus or train passes) and/or parking expenses. Employees file claims against their account and are reimbursed for expenses.

Options: Up to \$230 monthly can be deposited for parking expenses.
Up to \$125 monthly can be deposited for transit (bus or train passes) expenses.

Eligibility: Eligible Employees, .50 – 1.0 FTE. New hires must enroll within 30 days of employment. Participation begins 1st of the month on or following hire date.

Group Term Life/ Accidental Death & Dismemberment

Provider: SunLife

Eligibility: Eligible employees, .75-1.0 FTE. Effective the 1st of the month following employment.

Benefit is one and one-half times your annual earnings up to a \$50,000 maximum (could double if death is due to an accident). Coverage is also for loss of limbs or eyesight.

No cost to employees.

Voluntary Term Life Insurance/Accidental Death & Dismemberment

Provider: SunLife

Eligibility: Eligible employees, .75-1.0 FTE. Effective the 1st of the month following employment.

Employee may purchase guaranteed issue amounts in multiples of \$10,000 not to exceed 5 times the annual income or \$500,000 (whichever is less). Proof of good health questionnaire is required for any coverage above \$200,000.

Employee may insure spouse and children if employee purchases coverage for self. Coverage on spouse may not exceed 100% of employee coverage and any amount above \$50,000 will need a Proof of Good Health Questionnaire complete. Coverage amount for Child(ren) may not exceed \$10,000.

Premiums are age rated and payable through payroll deduction. Your rate will increase as you age and move to the next age band. Insurance is portable upon termination.

Rates can be found in Appendix B

Long Term Disability (LTD) Insurance

Provider: SunLife

Eligibility: Eligible employees, .75-1.0 FTE. Effective the 1st of the month following employment

After 90 calendar days of disability, the plan provides 60% of your base monthly earnings, with a \$5,000 maximum monthly benefit. Depending upon occupation, benefits may be extended up to age 65 (or until no longer disabled) whichever occurs first.

No cost to employees

Short Term Disability (STD) Insurance

Provider: SunLife

Eligibility: Eligible employees, .75-1.0 FTE. Effective the 1st of the month following employment

Employees may choose to purchase STD insurance to provide salary continuation at 60% of weekly pay from the 8th day of continuous employee injury or illness up to the date that the Long Term Disability waiting period has been satisfied. The benefit maximum per week is \$1200, which would insure up to \$2000 of weekly income. Benefits would be available after the employee's sick leave accrual is exhausted. In order to receive benefits, the employee must be unable to engage in regular occupation and be under the care of a physician.

Rates can be found in Appendix B

Retirement – 403(b) Defined Contribution Retirement Plan

Provider: TIAA-CREF & Fidelity

Eligibility: Eligible employees, .48-1.0 FTE. Eligible if age 21 and employed with one-year service must notify Human Resources that you wish to opt-out of this program on your anniversary or automatic enrollment will occur. [For an employee who begins employment with the university immediately after being employed by another post-secondary educational institution (another non-profit college, university, technical school, or private secondary high school) which was eligible to maintain a retirement plan under the provisions of Code Section 403(b) may be immediately eligible for matching participation.] See a Human Resources Representative for more details, paperwork and all options.

Employees must contribute 5% of salary in order for the University to match and contribute 8%

Supplemental Retirement Account (SRA)

Provider: TIAA-CREF & Fidelity

Upon hire, employees age 21 or older may voluntarily contribute funds to a 403(b) plan through salary deferral. These funds are **not** matched by the University.

Holidays

Eligible employees, .48-1.0 FTE receive holiday pay, which is prorated based upon their FTE. University offices are closed for 11 fixed holidays and 1 University assigned floating holiday.

Vacation and Sick Leave

Vacation time for full-time (1.0 FTE) employees, 1st year of employment can be taken after 6 months of employment. Exempt employees will accrue vacation days at a rate of 15 days annually. Non-Exempt employees are eligible for overtime pay and will accrue vacation days at a rate of 10 annually. One additional day will accrue for each additional year employed until maximums set in the Handbook are met. 10 days can be carried from year to year up to the maximum set in the Handbook.

Sick leave will accrue at the rate of one day per month for full-time employees. The maximum sick days any full-time employee may earn is 60 days.

Employees working .50 - .99 FTE will receive vacation and sick accrual prorated based on their FTE.

Employee Assistance Program

Provider: GuidanceResources

Life Balance Employee Assistance Program is available for all employees of St. Catherine University. 24 hour/365 day a year confidential counseling for personal, family, work, legal, financial and other issues, along with a information rich website.

Tuition Remission

Eligibility: Tuition remission benefits are available to all regular full-time employees (.75 – 1.0 FTE) after continuous employment for one year or more, prior to the start of the course.

Tuition remission (tuition only) for employees taking classes will be 100% for Associate/ Bachelors/Certificate, limited to 24 credits annually for Associate/Bachelor/Certificate programs and limited Masters programs of 12 credits annually.

Spouses and dependent children of eligible employees will qualify for a 75% tuition remission for baccalaureate, associate, or certificate programs. Spouses and dependents may take undergraduate classes at participating Associated Universities of the Twin Cities campuses (Augsburg, Hamline, Macalester, SCU, St. Thomas) and through the CCC, CIC, and TEI tuition exchange programs for dependents only.

Union employees refer to union contract for benefits. Employees interested in this benefit contact a Human Resources Representative.

Additional Benefits and Services

O'Shaughnessy Auditorium ticket discount, University Card account, Butler Center facilities, Discount Movie Tickets, Discount tickets to Children's Museum, Frequent Fitness Program and Credit Union access.

Appendix A

Medical Plan Rates								
Core Plan								
	Full Rate monthly	Univeristy Contributes per pay period	Employee Contributes per pay period	University Contributes per month	Employee Contributes per month	Monthly COBRA Rate		
Employee Only	\$625.45	\$270.60	\$42.13	\$541.19	\$84.26	\$637.96		
Employee+1	\$1,210.72	\$494.34	\$111.02	\$988.68	\$222.04	\$1,234.93		
Employee+Family	\$1,652.78	\$613.80	\$212.59	\$1,227.60	\$425.18	\$1,685.84		
Buy Up Plan								
	Full Rate monthly	Univeristy Contributes per pay period	Employee Contributes per pay period	University Contributes per month	Employee Contributes per month	Monthly COBRA Rate		
Employee Only	\$805.75	\$270.60	\$132.28	\$541.19	\$264.56	\$821.87		
Employee+1	\$1,555.48	\$494.34	\$283.40	\$988.68	\$566.80	\$1,586.59		
Employee+Family	\$2,123.84	\$613.80	\$448.12	\$1,227.60	\$896.24	\$2,166.32		
High Deductable Health Plan with Health Savings Account								
	Full Rate monthly	Univeristy Contributes per pay period	Employee Contributes per pay period	University Contributes per month	Employee Contributes per month	Monthly COBRA Rate	University Contributes per pay period for the H.S.A.	University Contributes per month for the H.S.A.
Employee Only	\$517.23	\$240.12	\$18.50	\$480.23	\$37.00	\$527.57	\$30.48	\$60.96
Employee+1	\$997.18	\$410.01	\$88.58	\$820.02	\$177.16	\$1,017.12	\$84.33	\$168.66
Employee+Family	\$1,361.10	\$503.72	\$176.83	\$1,007.44	\$353.66	\$1,388.32	\$110.08	\$220.16
Dental Plan Rates								
Regional Dental								
	Full Rate monthly	Univeristy Contributes per pay period	Employee Contributes per pay period	University Contributes per month	Employee Contributes per month	Monthly COBRA Rate		
Employee Only	\$38.20	\$15.10	\$4.01	\$30.19	\$8.01	\$38.96		
Employee+Family	\$100.74	\$32.75	\$17.63	\$65.49	\$35.25	\$102.75		
Distinctions Dental								
	Full Rate monthly	Univeristy Contributes per pay period	Employee Contributes per pay period	University Contributes per month	Employee Contributes per month	Monthly COBRA Rate		
Employee Only	\$50.85	\$15.10	\$10.33	\$30.19	\$20.66	\$51.87		
Employee+Family	\$124.64	\$32.75	\$29.58	\$65.49	\$59.15	\$127.13		

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