

MINNESOTA STATE UNIVERSITY, MANKATO MSUAASF 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 in Human Resources, Benefits and Leaves / benefits-and-leaves@mnsu.edu.

INSURANCE ELIGIBILITY

Eligible for Full Employer Contribution toward Insurance per Contract: Faculty who are employed at least 75 percent time for nine months or more are eligible for the full employer contribution toward health, dental, and basic life insurance.

Eligible for Partial Employer Contribution toward Insurance per Contract: Faculty employed at least 50 percent time but less than 75 percent time for nine months or more may be eligible for a partial employer contribution equal to 75 percent of the full employer contribution toward insurance.

Eligible for Full Employer Contribution toward Insurance per the Affordable Care Act: Faculty who are employed at 30 or more hours a week (including all hours worked across MnSCU) for more than 12 weeks are eligible for the full employer contribution toward health, dental, and basic life insurance.

INSURANCE EFFECTIVE DATE

Insurance coverage does not take effect until after 30 calendar days of employment.* New Hires should find other health insurance to protect themselves and family members until coverage takes effect at Minnesota State Mankato. It may be possible to continue coverage (COBRA) through the Employee 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 2022 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	\$37.74	\$717.20	\$257.50	\$1,962.54
Advantage HealthPartners	\$37.74	\$717.20	\$257.50	\$1,962.54
Advantage PreferredOne	\$37.74	\$717.20	\$257.50	\$1,962.54

DENTAL INSURANCE

The dental plans offer comprehensive coverage that includes both preventive and corrective services. Preventive care such as periodic examinations, cleanings, sealants 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, implants, etc. See the attached dental plan summary.

Following are the 2022 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	\$13.50	\$27.24	\$53.40	\$67.14
HealthPartners Dental	\$13.50	\$27.24	\$53.40	\$67.14

VISION INSURANCE

The Blue Cross Vision plan, partnered with Davis Vision, is optional and designed to supplement your family's medical coverage. It's available to benefits eligible employees, whether you're enrolled in the state's MN Advantage Health Plan or are covered elsewhere. MN Advantage Health Plan members may select the Blue Cross Vision plan no matter which plan administrator you are enrolled in for your medical coverage including, BlueCross BlueShield, HealthPartners and PreferredOne.

While our medical plan covers your eye exam, the Blue Cross Vision plan helps cover the costs of eyeglasses or contact lenses and offers discounts on LASIK and more. The vision plan uses the Davis

Vision network of retailers and independent provider offices. See attached vision plan summary of benefits for coverage and out-of-pocket costs.

Following are the 2022 monthly premiums for faculty who are eligible for the employer contribution toward insurance:

VISION PLAN	Single Coverage	Family Coverage
	Employee Pays	Employee Pays
Blue Cross Vision Plan	\$5.76	\$16.54

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; and short- and long-term disability insurance. New faculty may enroll without evidence of insurability.

The university contributes annually to a tax-free Health Care Savings Plan 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) The IRAP is a 401(a) defined contribution plan administered by TIAA. Participants are immediately and fully vested. Participants choose from a broad range of investment funds.	6.00%	7.50%
Teachers Retirement Association (TRA) 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.	8.34%	7.50%
Supplemental Retirement Program (SRP) SRP begins after two fiscal years of full-time employment. The employee contributes 5% of salary up to the maximum contribution allowed in the MSUAASF/MnSCU Agreement	5.00%	5.00%

and the university matches those contributions. This plan, administered by TIAA, includes a wide range of investment funds.

Social Security (FICA) and Medicare taxes for 2021

1. For old-age, survivors and disability insurance, etc. (FICA). Based on salary up to \$147,000	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	0.90%	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 27 semester credit hours of course work per year with the waiver of tuition at MnSCU state universities only. The tuition waiver may be shared with the spouse or eligible dependent children. Some tuition benefits are taxable.

PAID LEAVES OF ABSENCE

Paid leave for full-time faculty includes holidays, sick leave of absence which accrues at the rate of one-half day every two weeks (13 days a year), and vacation which accrues at 6.75 hours every two weeks (approximately 22 days a year). Paid leave is prorated for part-time faculty.

2022 Minnesota Advantage Health Plan Schedule of Benefits

2022 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)	\$250/500	\$400/800	\$750/1500	\$1500/3000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Outpatient mental health and chemical dependency Urgent Care clinic visits (in & out of network) 	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> Emergency care received in a hospital emergency room 	\$100 copay not subject to deductible	\$125 copay not subject to deductible	\$150 copay not subject to deductible	\$350 copay not subject to deductible
F. Inpatient Hospital Copay (waived for admission to Center of Excellence)	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery Copay	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, 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)	10% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT Scans	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% 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	20% coinsurance Annual deductible applies	25% 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 Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$18 / 30 / 55	\$18 / 30 / 55	\$18 / 30 / 55	\$18 / 30 / 55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,700 / 3,400	\$1,700 / 3,400	\$2,400 / 4,800	\$3,600 / 7,200

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical]; and college students. It also applies to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) 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.

The Advantage Plan offers a standard set of benefits regardless of the selected carrier. There are differences in how each carrier administers the benefits, including the transplant benefit, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

The Subcommittee on Employee Relations (SER) must approve the new contracts before we can offer the newly negotiated insurance benefits during the 2022 Open Enrollment.

	In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeglass lenses or contact lenses once per calendar year		
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay	Frames: \$50 Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 Contact lenses: - Elective: \$105 - Visually required: \$225 *Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card. **Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change. ***Additional discount not available at Costco, Walmart, Sam's Club or participating online retail providers.
Frames	1 per calendar year	
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; no copay	
Non-Davis Vision Exclusive Collection** - Visionworks stores - Frames available from other participating retailers	No copay: plan pays up to \$200 plus 20% discount on remaining costs*** No copay: plan pays up to \$150 plus 20% discount on remaining costs***	
EYE GLASS ENHANCEMENTS		
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults - Ultraviolet coating - Antireflective coating -Blue light filtering - Progressive lenses - High-index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan	Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Member pays \$15 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocus vision: \$40	
CONTACT LENSES – Benefit available for eyeglass lenses or contact lenses once per calendar year		
Collection contact lenses† - Disposable - Non-disposable - Evaluation, fitting and follow-up care	up to 8 boxes up to 4 boxes 100% after \$10 copay	† Available at most participating independent provider offices. †† Available at participating retail providers. ††† Visually required (also known as medically necessary) means that optimal visual correction cannot be achieved with prescription eyeglasses but can be achieved with contact lens wear. Conditions that may commonly justify visually required lenses include keratoconus, anisometropia, aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia, and certain corneal conditions.
Non-collection contact lens allowance**	Plan pays up to \$150 plus 15% discount on remaining costs***	
- Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	100% after \$10 copay \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	
Visually required contact lenses††† (preauthorization required)	100%	
- Materials - Evaluation, fitting and follow-up care	100% after \$10 copay	

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.

Davis Vision is an independent company providing vision benefit management services and access to their network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.

2022-23 Dental Schedule of Benefits

Annual Maximum per person \$2,000 (does not apply to Preventive Care or Orthodontia).

Orthodontics Lifetime Maximum per person \$3,000 (does not start over if you change dental plans).

	In-network Benefits	Out-of-network Benefits
Annual Deductible	\$50 per person \$150 per family	\$125 per person

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
Examinations, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount
Sealants	100% coverage	50% coverage of the allowed amount

Restorative care and prosthetics (deductible applies)

Covered Services	In-network Benefits	Out-of-network Benefits
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)

Emergency services are covered at the same benefit level as non-emergency services.

See Summary of Benefits for specific plan limitations.