



UNIVERSITY *of* ST. THOMAS

**2009  
EMPLOYEE BENEFITS  
GUIDE**

This guide is provided for informational purposes only and is a general overview of the provisions described in the actual plan documents. Please see the actual plan documents for the specifics of each of your benefits plans.

# Welcome

Welcome to the University of St. Thomas employee benefits program. It is our pleasure to provide you a copy of the *2009 Employee Benefits Guide*. Its purpose is to acquaint you with the benefits and health care plans offered at the University of St. Thomas. We believe this handbook will assist you in understanding and selecting the benefits most helpful in meeting your individual needs.

You probably know that the University offers an extremely competitive and comprehensive benefits program for eligible employees. It does so to provide employees additional support as they work toward helping the University achieve its mission and strategic priorities. At the University of St. Thomas, employee benefits include medical, dental, vision, life, long term care, and disability insurance coverage, along with two retirement plans (one a defined contribution retirement plan), flexible spending and Health Savings account options, tuition remission, and employee assistance program. In addition, the University has generous provisions for paid leave time (PLT) for hourly employees, vacation for salaried employees, family and medical leave, holidays, and other types of paid and unpaid leave.

We encourage you to keep this handbook close by along with your other benefits information. You may want to refer to this information periodically. This handbook is also available on the Human Resources Department website at [www.stthomas.edu/hr/benefits](http://www.stthomas.edu/hr/benefits).

You should know, however, that coverage or participation in most of the benefits outlined in this handbook is not automatic. It is extremely important that you familiarize yourself with the various options and enroll in those that best fit your needs. Many of the plans are effective for the entire calendar year. If you are a union employee, you may have certain benefits that are part of your collective bargaining agreement. Please refer to your labor agreement for guidance.

As your need for certain employee benefits change, you will have opportunities to change your benefits choices - once per year through annual enrollment in the Fall or immediately at the time you experience a qualified work/life event (i.e. marriage, birth/adoption of a child). Depending upon the event, you also may add or drop some benefits. Please refer to the *Enrollment Information* section of this handbook for more information.

Enrollment instructions are enclosed in the folds of this handbook. If you should have any questions, the Human Resources Department is here to assist you. Please do not hesitate to contact the Human Resources Department Benefits team.

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# Important Phone Numbers

## Medical Insurance Plan

Blue Cross/Blue Shield of Minnesota ([www.bluecrossmn.com](http://www.bluecrossmn.com)) Group# EP347

To locate participating providers: 800-810-2583  
To locate participating pharmacies 800-509-0545  
Rx Mail order refills 877-357-7463  
Customer Service 651-662-5004

## Dental Insurance Plan

Delta Dental of Minnesota ([www.deltadentalmn.org](http://www.deltadentalmn.org)) Group# 4070

Customer Service 651-406-5916

## Vision Insurance Plan

EyeMed ([www.eyemedvisioncare.com](http://www.eyemedvisioncare.com))

Customer Service 866-939-3633

## Best Doctors ([www.bestdoctors.com](http://www.bestdoctors.com))

Customer Service 866-904-0910

## Employee Assistance Program (EAP)

UNUM Work-life Balance Program ([www.unum.com/worklifebalance](http://www.unum.com/worklifebalance))

Customer Service 800-854-1446

## Health Care & Dependent Care Spending Accounts

Administrative Resources Corporation (ARC) ([www.arcbenefitaccess.com](http://www.arcbenefitaccess.com))

Customer Service 763-421-5510

## Health Savings Accounts (HSA)

Alliance Benefit Group ([www.abg-mn.com](http://www.abg-mn.com))

Customer Service 800-898-9344

Life & Disability Insurance Basic Life Group# 901702-008, Voluntary Life Group# 901849-004,  
LTD Group# 901702-007

UNUM ([www.unumprovident.com](http://www.unumprovident.com))

Customer Service 800-421-0344

## Long Term Care Insurance

Prudential Insurance Company ([www.prudential.com](http://www.prudential.com))

Customer Service 888-738-5836

## Pet Insurance

VPI Pet Insurance ([www.petinsurance.com](http://www.petinsurance.com))

Customer Service 888-899-4874

## Minnesota 529 College Savings Plan

TIAA-CREF ([www.mnsaves.org](http://www.mnsaves.org))

Customer Service 877-338-4646

## Retirement Plans

Fidelity Investments ([www.fidelity.com](http://www.fidelity.com))

Customer Service 800-544-6666

TIAA-CREF ([www.tiaa-cref.org](http://www.tiaa-cref.org))

Customer Service 800-842-2776

# Eligibility, Enrollment, and Mid-Year Changes

## Eligibility

For the purpose of benefits eligibility, salaried and hourly employees who work in regular positions and are approved to work at least 25 hours per week for at least 9 months per year are eligible to participate in and receive employee benefits. Some benefits will be reduced according to the actual number of hours worked, if less than the employee's approved full-time equivalence (FTE).

Employees covered by a union contract are entitled only to those benefits described in that labor agreement. Please refer to your union contract for details regarding your employee benefits.

Priests and other religious order employees receive benefits based on arrangements made with the Archdiocesan Office or their specific religious order and the University. University benefits are provided on the same basis as to other employees if benefits are not provided by the employee's religious order.

Employees in an approved Job Share position should refer to that policy for eligibility details.

Part-time salaried and hourly employees who work in regular positions and are approved to work fewer than 25 hours per week but at least 20 hours per week may be eligible to receive the following benefits:

- Retirement package (please refer to the Retirement Summary Plan Description for details);
- Holidays;
- Vacation Leave (for salaried employees);
- Paid Leave Time (PLT) (for hourly employees);
- Funeral Leave.

All employees are eligible to participate in the Voluntary Arrangement Retirement Account. Please refer to the Retirement Summary Plan Description for details.

Payment for holiday, vacation, paid leave time and funeral leave is prorated to the employee's approved FTE level.

Salaried and hourly employees working in regular positions that are approved to work less than 20 hours per week are eligible for the following benefits:

- Holidays;
- Vacation (for salaried employees);
- Paid Leave Time (PLT) (for hourly employees);
- Funeral Leave.

Payment for these benefits is based upon the actual number of hours approved to work.

Full- or part-time employees with an appointment term of less than one year are considered temporary employees. Temporary employees are ineligible for university-sponsored benefits.

The University uses the Defense of Marriage Act to identify legal spouses that are eligible for coverage. The University uses the Internal Revenue Service (IRS) uniform definition of a “Qualifying Child” to determine those dependents that are eligible for coverage.

A dependent child between the ages of 19 and 25 is eligible for health care coverage provided they are full-time students. If your dependent child is between the ages of 19 and 25, you will need to verify his or her student status once a year. This verification is required for continued coverage. Enrolling ineligible dependents into the University’s benefits program is a violation of University policy and will be treated accordingly.

### **Enrollment**

New hires and newly benefit eligible employees must enroll within 30 days of their employment date. Enrollment instructions are enclosed in the back of this handbook.

### **Mid-Year Changes**

Given that most benefits are paid for on a pre-tax basis, federal law limits your ability to make benefits changes during the year. This means that you may only change your elections at annual enrollment unless you experience a “Change in Status Event” or “Special Enrollment Event.” Benefits elections made during annual enrollment are effective on January 1 of the following year.

A “Change in Status Event” or “Special Enrollment Event” is defined as:

- Marriage
- Divorce/legal separation/annulment
- Birth
- Adoption
- Spousal Employment Change
- Dependent eligibility
- Death

These events will allow you to add or drop coverage, and/or to change your established medical benefit plan. You must submit the appropriate change forms to the Human Resources Department’s Benefits staff within 30 days of the date on which the change occurred (90 days after birth or adoption). After the 30 days have passed, annual enrollment is the only time that an employee can make changes.

***Please be aware that changes to your benefits will be made on a contingent basis only, subject to limitations and verification.***

# *General Information*

# Employee Self Service

You can perform a variety of inquiries and make changes online, such as:

- View and update address and phone number
- View and update emergency contact information
- View pay statement
- View benefit elections
- Check your earnings history
- View your W-2
- View and change your W-4 elections

You can access the system from the Human Resources website at [www.stthomas.edu/hr](http://www.stthomas.edu/hr) under “Employee Self Service”, or from the internet at <http://banner.stthomas.edu>

# Health Insurance

## Medical

Medical coverage helps you and your family access routine and preventive health care at a reasonable cost and protects against the catastrophic costs of major illness or injury.

The University of St. Thomas' medical program is self funded. This means that UST pays the cost of claims made against its medical programs. UST does not transfer the claims cost or risk of claims to a third party (insurer) but instead has retained the services of Blue Cross/Blue Shield of Minnesota (BCBSM) to provide third-party administrative services, such as providing access to a network of providers, reinsurance protection against catastrophic loss and processing claims.

By self funding the medical program, UST is, in essence, serving as its own insurance company with one important distinction. Unlike most insurers, UST does not price the plan to make a profit. Employees also pay a small portion of the cost through deductibles and coinsurance. UST pays the remainder of the claims costs.

***New for 2009***

A new High Deductible Health (HDHP) insurance plan will be available to UST' employees in 2009.

The 2009 calendar year plans and rates are as follows:

<b>Platinum Plan</b>	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$573.77	\$335.92	\$237.84	\$118.92
Employee + 1	\$1,052.67	\$532.73	\$519.94	\$259.97
Employee + Family	\$1,414.27	\$715.71	\$698.56	\$349.28

<b>Gold Plan</b>	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$484.75	\$335.92	\$148.84	\$74.42
Employee + 1	\$889.35	\$532.73	\$356.62	\$178.31
Employee + Family	\$1,194.85	\$715.71	\$479.14	\$239.57

<b>Silver Plan</b>	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$454.59	\$335.92	\$118.68	\$59.34
Employee + 1	\$834.04	\$532.73	\$301.31	\$150.65
Employee + Family	\$1,120.54	\$715.71	\$404.84	\$202.42

<b>Bronze Plan</b>	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$422.59	\$335.92	\$86.68	\$43.34
Employee + 1	\$775.29	\$532.73	\$242.56	\$121.28
Employee + Family	\$1,041.61	\$715.71	\$325.90	\$162.95

<b>HDHP Plan</b>	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$409.13	\$335.92	\$73.22	\$36.61
Employee + 1	\$750.63	\$532.73	\$217.90	\$108.95
Employee + Family	\$1,008.49	\$715.71	\$292.78	\$146.39

Please refer to the 2009 Comparison of Health Plan Benefit Options schematic on page 12 for plan coverage details.

## Medicare Part D

Medicare beneficiaries age 65+ or anyone who is disabled and collecting social security benefits will have the opportunity to receive prescription drug coverage through the new Medicare Part D program that went into effect January 1, 2006. Medicare beneficiaries who have other sources of drug coverage through the UST plan may stay in that plan and choose not to enroll in the Medicare drug plan. If a beneficiary's UST coverage is at least as good as the new Medicare drug benefit (and therefore considered "creditable coverage"), the beneficiary can continue on the UST plan and still avoid higher Medicare payments if they sign up for Medicare Part D later. For additional information please contact the Human Resources Department.

## Over-the-Counter Drug Program

Many of the drugs that you could once get only with a prescription are now available over the counter at local pharmacies with a prescription. These drugs are as safe and effective as the prescription versions. These are the over-the-counter drugs covered by the program:

### Antihistamines (for Allergies)

#### **Loratadine tablets**

Alavert  
Allergy Relief  
Clear-atadin  
Loratadine  
Tavist ND  
Wal-itin

#### **Loratadine & Pseudoephedrine (24hr)**

Allergy Congestion  
Allergy Relief  
Clear-atadin  
EQL Allergy  
HCA Allergy  
Loratadine  
RA Lorata-D  
Soba Allergy  
Wal-itin D

#### **Loratadine Syrup**

Alavert  
Allergy Relief  
CVS Allergy  
Loratadine  
SM Loratadine  
Wal-itin

#### **Loratadine & Pseudoephedrine (12hr)**

Alavert Allergy Sinus  
Allergy Relief  
Allergy/congestion  
Loratadine D

#### **Loratadine rapid disintegration tablets**

Alavert  
Allergy Relief  
Loratadine  
Triaminic  
Wal-itin  
Wal-vert

### Proton Pump Inhibitors (for acid-related stomach disorders/GERD)

#### **Omeprazole**

Prilosec OTC

Here is how the coverage works:

- If you choose to continue with a prescription version of a *formulary* drug, regular coverage will continue.
- If you switch to a covered over-the-counter version of a prescription drug and obtain a prescription from your doctor, you will pay nothing.

The formulary list is available at [www.bluecrossmn.com](http://www.bluecrossmn.com).

**2009 Comparison of Health Plan Benefit Options  
For  
THE UNIVERSITY OF ST. THOMAS**

	<b>Platinum Plan</b>	<b>Gold Plan</b>	<b>Silver Plan</b>	<b>Bronze Plan</b>	<b>High Deductible Health Plan (HDHP)</b>
Deductible (Deductible carry-over applies to all plans except for the HDHP)	None	\$200 Individual \$400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$2,300 Individual \$4,600 Family
Annual Out of Pocket Maximum (Does not include prescription drug copays)	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$2,300 Individual \$4,600 Family
Physician Office Visits for illness or injuries (office visits, lab, x-ray and in office surgery)	\$20.00 copay per visit; 100% thereafter.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.
Physician services for surgery, anesthesia, obstetrics and in-hospital medical visits	100% coverage.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.
Inpatient Hospital Services (room and board, lab tests, x-rays, medication and medical supplies)	No deductible, 90% coverage.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.
Outpatient Hospital Services (Lab tests, x-rays, kidney dialysis, radiation or chemotherapy, physical, speech and occupational, surgery)	100% coverage.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.
Emergency Room Services	\$40 copay; 100% coverage thereafter.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.
Ambulance Service (Medically necessary transportation to the nearest facility)	80% coverage up to the out of pocket maximum; 100% coverage.	After the deductible, 80% coverage up to the out of pocket maximum; 100% coverage thereafter.			After the deductible, 100% coverage.

	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	High Deductible Health Plan (HDHP)
Routine/Preventive Care (routine physical, lab, x-rays, immunizations, vaccinations, cancer screening tests, prenatal care, well-child care)	No deductible, 100% coverage.				No deductible, 100% coverage.
<p>Prescription Drugs You pay your copay at time of purchase. The pharmacy will bill Prime Therapeutics, Inc. (PTI) for the balance.</p> <p><b>Your copay applies to a 31-day supply of medication, a vial of insulin or diabetic supplies.</b></p> <p><b>To see a list of formulary drugs, look on the Internet at <a href="http://www.bluecrossmn.com/public/">www.bluecrossmn.com/public/</a></b></p>	<ul style="list-style-type: none"> <li>• <b>Retail Pharmacy – 31 Day Supply</b> \$15.00 copay per prescription/refill for generic drugs. \$25.00 copay per prescription/refill for brand name formulary drugs. \$50.00 copay per prescription/refill for brand name non-formulary drugs.</li> <li>• <b>PrimeMail or 90 Day RX pharmacy-90 Day Supply</b></li> </ul> <p>Maintenance medications are also available through PrimeMail Pharmacy program. Your copay applies to a 90-day supply. \$30.00 copay per prescription/refill for generic drugs. \$50.00 copay per prescription/refill for brand name formulary drugs. \$100.00 copay per prescription/refill for brand name non-formulary drugs.</p>				After the deductible, 100% coverage.
	<p><b><i>Mandatory Generics - If you choose a brand name drug when the equivalent generic drug is available, you will also pay the difference in cost between the brand name and the generic drug, in addition to the applicable copay.</i></b></p> <p><b><i>Specialty Drug - Specialty drugs are used to treat serious chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis. You must purchase these drugs through the Specialty Pharmacy Network..</i></b></p> <p><b><i>Eligible Over-the-Counter (OTC) drugs such as antihistamines for allergies and proton pump inhibitors for acid related stomach disorders are covered up to a 31-day supply as an alternative for similar prescription medications, subject to package limitations, at a retail Participating Pharmacy. When you choose OTC drugs you can receive it at no cost to you. OTC drugs are not available through Mail Service Pharmacy.</i></b></p>				
Individual Lifetime Maximum	<b>\$3,000,000</b>				

This summary is intended as a guide and explains the coverage available for eligible employees. For a complete description of these benefits, please refer to the Summary Plan Description. In the case of a discrepancy, the Blue Cross/Blue Shield Summary Plan Description shall prevail.

## **Prescription Drug Facts**

**Generic Drugs**—These drugs are equal to brand name drugs in safety and therapeutic effectiveness and are approved by the U.S. Food and Drug Administration (FDA). The FDA reviews generic drugs to assure they are bio-equivalent to the brand name drug. This means that they contain the identical amount of the same active ingredient, in the same dosage, form and strength. It is absorbed into the bloodstream at the same rate and to the same extent. It is manufactured in compliance with all FDA regulations. Some examples of this would be Ibuprofen, the generic form of Motrin, Ranitidine HCL, the generic form of Zantac and Cimetidine, the generic form of Tagamet. The average retail cost differential between a brand and generic drug is \$30.

**Brand Name Drugs With a Generic Equivalent**—These are drugs that have been on the market and due to the expiration of the brand name patent are now available in generic form. Remember before a generic can be available it must meet FDA approval requirements.

**Brand Name Drugs Without a Generic Equivalent**—Most often these are drugs that are new to the market or drugs for which the manufacturer patent has not expired. The patent must expire before a generic equivalent can be produced, approved by the FDA and marketed. These drugs may be added to the formulary if they meet the selection criteria. An example of this would be Imitrex.

**Formulary**—This is a listing of drugs that have been selected based upon their safety, effectiveness in treatment, uniqueness and cost. The formulary changes on a quarterly basis to keep up with new drugs that are available in the market. The formulary consists of generic drugs, brand name drugs without generic equivalent and brand name drugs with a generic equivalent. For a listing of formulary drugs, look on the Internet at [www.bluecrossmn.com](http://www.bluecrossmn.com).

## **Resources for Health Information**

The following resources are available to you at no cost:

**FirstHelp™ Nurse Advice Line** – Are you questioning whether you need to see a doctor after hours or if you can wait until your regular clinic is open? Need quick medical advice from a knowledgeable health care professional? You can call toll free at 800-622-9524 24 hours a day, seven days a week, and talk to a nurse about your health questions.

**Blueprint for Health Stop-Smoking Program** – Quit smoking for free! This program provides you with an individually tailored smoking cessation plan supported by advice from a specialist. You receive support over the phone and by mail. You must be ready to quit smoking to enroll in the program and you can quit at your own pace. Call toll free at 888-662-2583, for more information or to enroll in the program.

**Health Start Prenatal Support** – Phone-based support from trained nurses help moms-to-be and their babies get off to a healthy start. Call toll free at 866-489-6948, to enroll.

**Health News and Information** – Visit <http://blueprint.bluecrossmn.com> for personalized information anytime, day or night. Sign up for newsletters tailored to your preferences. Look for answers in one of the most comprehensive medical libraries on the Internet. Visit self-care centers, ask questions of the medical experts and more.

## Frequently Asked Questions

**Q. *What are some of the unique features my medical plan has to offer?***

**A.** The University of St. Thomas Medical Plan offers employees:

- A statewide provider network which includes over 97% of Minnesota's providers and 100% of the non-Federal hospitals. The BCBSM PPO BlueCard provider network (your provider network for these plans) also includes providers nationwide in addition to access to allied health care professionals (chiropractors, podiatrists, etc.)
- Direct access to specialists without a referral.
- A national participating pharmacy network which includes 45,000 pharmacies.
- Blue Print for Health Program.

**Q. *What are my prescription drug benefits?***

**A.** With the participating pharmacy network called Prime Therapeutics, you can present your Medical plan identification card to any one of over 45,000 pharmacies throughout the country and pay your copay of \$15 for a 31 day supply for generic drugs (there is a \$25 copay for brand formulary drugs and a \$50 copay for non-formulary drugs). Under the Platinum, Gold Silver and Bronze plans the prescription drug copays remain the same. There are no deductibles to meet for you to receive this benefit. Under the HDHP Plan, you pay full price until the deductible is met. After that point, drugs are covered at 100%.

A prescription mail order program is also available to members who wish to purchase their maintenance medications through the mail. This program is called PrimeMail Pharmacy. With the mail order program, you can receive up to a 90 day supply of maintenance drugs for a \$30 copay for generic drugs, \$50 copay for brand formulary drugs and a \$100 copay for non-formulary brand name drugs. That's one month of prescription drugs FREE, every 3 months! (this does not apply to the High Deductible Health Plan). You can get your patient profile and order your prescriptions on-line by visiting [www.myrxhealth.com](http://www.myrxhealth.com) or you can call 1-877-357-7463.

**Q. *What is my copay for office visits?***

**A.** If you elect coverage under the Platinum Medical plan there is a \$20.00 co-payment for each office visit. If you elect the Gold, Silver, Bronze, or HDHP Medical plans you must first satisfy the individual deductible and then the plan pays 80%. The plan pays 100% of cost after the deductible is met on the High Deductible Health Plan.

**Q. *What is my Routine Preventive Benefit?***

**A.** There is no copay or deductible to satisfy under any plan. Blue Cross Blue Shield pays 100%.

**Q. *If I have an emergency, do I need to call my doctor or can I go to any emergency room?***

**A.** You are not required to call your doctor or BCBS before you go to the emergency room. Under the Platinum Medical plan there is a \$40 copay for each emergency room visit. If you elect coverage under the Gold, Silver, Bronze or HDHP Medical plan you must first satisfy the deductible, then the plan pays 80% of BCBSM allowable charge.

**Q. Do I need to change doctors to have coverage?**

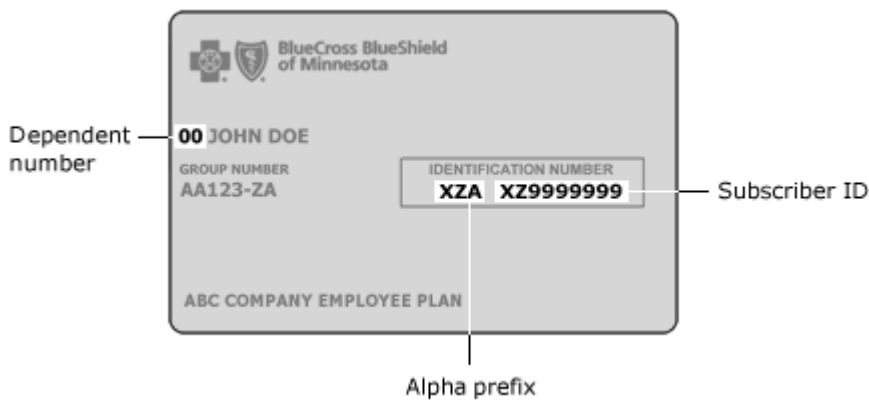
A. No, all of the plans provide coverage when you use a BCBSM provider and when you don't. It is to your benefit to use a BCBS provider whenever possible since:

- They will take care of the claim filing for you;
- Payment will be made directly to them and;
- They have agreed to accept the negotiated BCBS payment as payment in full less any deductibles or coinsurance.

To locate a BCBSM PPO BlueCard Network provider, call 800-810-2583 or look up providers on the Internet at [www.bluecrossmn.com](http://www.bluecrossmn.com) under the BlueCard Doctor and Hospital Finder.

**Q. How do I use my medical ID card?**

A. Present your ID card each time you receive health care services. This will help providers access the correct payments and submit claims appropriately on your behalf.



**Q. If I am currently pregnant or have a preexisting condition, will I still have coverage?**

A. Yes. All eligible employees can have coverage under our plan. There are no pre-existing condition limitations or denials that can be made due to a current health condition, such as pregnancy.

**Q. If I am not covered under the plan today, can I enroll now?**

A. The University of St. Thomas offers an annual enrollment period with the coverage effective each January 1<sup>st</sup>. If you do not enroll when you are originally eligible or during the annual enrollment period, you will be unable to enroll in the plan unless you have a qualifying event such as; spouses loss of coverage, marriage, birth, adoption, divorce or death. Qualifications for a mid-year election are dependent upon you completing a waiver form during the annual enrollment period and the reason you state for declining coverage.

**Q. How do I know if a generic drug is OK to take?**

A. If your physician prescribes a medication, ask if there is a generic version available. Generally, your physician or pharmacist can tell you if there is a generic version that can replace the “brand” version. If your physician has prescribed a brand name drug and there is a generic available, the pharmacist will check with you before substituting.

**Q. *What is an EOB?***

**A.** An EOB is an “Explanation of Benefits”. Anytime you utilize your medical coverage you will receive an EOB from BCBSM. An EOB will explain what your provider charged, what UST paid and what is your responsibility. You may also obtain your past EOBs online at [www.bluecrossmn.com](http://www.bluecrossmn.com).

**Q. *What is a “Formulary Drug List”?***

**A.** A Formulary Drug List is a list of prescription drugs that are covered by the medical plan and is regularly reviewed to ensure we base our selections on safety, effectiveness, uniqueness and cost. Your physician and pharmacist have access to the list and you can ask them if you have any questions about specific generics, formulary or non-formulary drugs. You may also contact the BCBSM customer service hotline at 866-870-0348 or online at [www.bluecrossmn.com](http://www.bluecrossmn.com).

**Q. *What should I do if my prescription is denied?***

**A.** Your pharmacist will be able to provide you with the reason a particular drug is not covered by the plan. It is important to note that there are some drugs that are not covered at all (considered exclusions) and some that are considered “non-formulary”. If your prescription is being denied, you have three options:

- 1) Ask your pharmacist to contact your physician’s office to obtain a prescription for an alternate drug.
- 2) You can contact your physician’s office and ask them for an alternate prescription.
- 3) Pay the full price of the drug (if the drug is not covered) or pay the higher non-formulary co-pay.

## **Dental**

Unlike medical conditions, which can be unpredictable and catastrophic, most dental problems can be preventable. Preventive care, including regular checkups and cleanings, is the key to maintaining good oral health. Problems can be diagnosed early and treated without extensive testing or elaborate and expensive procedures. That keeps the costs of dental care much lower than those of medical care.

### ***New for 2009***

The 2009 calendar year rates are as follows:

	<b>Total Monthly Cost</b>	<b>UST Monthly Cost (Subsidy)</b>	<b>Your Monthly Cost</b>	<b>Your Bi-Weekly Cost</b>
Employee	\$33.72	\$8.65	\$25.08	\$12.54
Employee + Family	\$108.14	\$17.23	\$90.90	\$45.45

### **Dental Summary of Benefits**

After you have satisfied the dental deductible, if applicable, your dental program pays the following percentages of the treatment cost, up to a maximum fee per procedure. The maximum fee allowed by Delta is different for DeltaPreferred Option dentists, participating dentists and nonparticipating dentists. If you see a nonparticipating dentist, your out-of-pocket expenses may increase. If a DeltaPreferred Option dentist provides dental services, the deductible will be waived and the payment percentages may increase and discounts may apply which will result in lower out-of-pocket costs to you.

**TO AVOID ANY MISUNDERSTANDING OF BENEFIT PAYMENT AMOUNTS, ASK YOUR DENTIST ABOUT HIS OR HER PARTICIPATION STATUS WITH DELTA AND DELTAPREFERRED OPTION PRIOR TO RECEIVING DENTAL CARE. YOU MAY ALSO REQUEST A PRE-ESTIMATE OF BENEFIT BEFORE THE WORK IS PERFORMED.**

Benefit Description	Delta Preferred Option (In-Network)	Delta Select (Out- of- Network)
Coverage A - Diagnostic and Preventive Services	100%	100%
Coverage B1a - Basic Services	100%	90%
Coverage B1b - Endodontics	80%	80%
Coverage B1c - Periodontics	80%	80%
Coverage B1d - Oral Surgery	80%	80%
Coverage B2 - Major Restorative Services	50%	50%
Coverage C1 - Prosthetic Repairs and Adjustments	50%	50%
Coverage C2 - Prosthetics	50%	50%
Coverage D - Orthodontics	50%	50%

The Program pays up to a maximum of \$1,500.00 for each covered person per coverage year for coverage's A, B1, B2, C1 and C2. Coverage D, Orthodontics, is subject to a separate lifetime maximum of \$1,500.00 per covered person and limited to those orthodontic treatment plans commenced on or after the eligible dependent child's eighth (8th) birthday and completed prior to the eligible dependent child's nineteenth (19th) birthday. For services rendered by an out-of-network dentist, there is a \$25.00 deductible per covered person and a \$75.00 family deductible for coverage's B1, B2, C1 and C2. The deductible does not apply to coverage A or D.

## Vision

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Vision Care benefits are being offered to you as part of a commitment to overall health. There are three different plans available:

### **Plan A - \$10 Exam Copay and \$25 Materials Copay**

<b>Plan A 2009 Costs</b>	
	<b>Monthly Employee Cost</b>
Employee Coverage	\$5.72
Employee + Family Coverage	\$15.40

### **Plan B - \$10 Exam Copay and \$10 Materials Copay**

<b>Plan B 2009 Costs</b>	
	<b>Monthly Employee Cost</b>
Employee Coverage	\$6.72
Employee + Family Coverage	\$17.40

### **Plan C - \$10 Exam Copay and \$25 Materials Copay**

Contact lens allowance = \$150

Tints, UV, Polycarbonate Lens and Basic Progressives are covered in full

<b>Plan C 2009 Costs</b>	
	<b>Monthly Employee Cost</b>
Employee Coverage	\$7.06
Employee + Family Coverage	\$18.96

## VISION PLAN A

Vision Care Services	Member Cost	Out-of-Network
<b>Exam with Dilation as Necessary</b>	\$10 Copay	\$30
<b>Exam Options:</b>		
<b>Standard Contact Lens Fit and Follow-Up:*</b>	Up to \$40	N/A
<b>Premium Contact Lens Fit and Follow-Up:**</b>	10% off Retail	N/A
<b>Frames:</b> Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$55
Lenticular	\$25 Copay	\$55
Standard Progressive****	\$25 Copay	\$55
Premium Progressive****	\$25, 80% of Charge less \$120 Allowance	\$55
<b>Lens Options:</b>		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$0	\$5
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses</b> <i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$105 allowance, 15% off balance over \$105	\$84
Disposable	\$0 Copay; \$105 allowance, plus balance over \$105	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
<b>Frequency:</b>		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

\* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

\*\* Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

\*\*\*\* Standard Progressive Lens covered - fund Premium Progressive as a Standard

## VISION PLAN B

Vision Care Services	Member Cost	Out-of-Network
<b>Exam with Dilation as Necessary</b>	\$10 Copay	\$30
<b>Exam Options:</b>		
<b>Standard Contact Lens Fit and Follow-Up:*</b>	Up to \$40	N/A
<b>Premium Contact Lens Fit and Follow-Up:**</b>	10% off Retail	N/A
<b>Frames:</b> Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Lenticular	\$10 Copay	\$55
Standard Progressive****	\$10 Copay	\$55
Premium Progressive****	\$10, 80% of Charge less \$120 Allowance	\$55
<b>Lens Options:</b>		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$0	\$5
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses</b> <i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$105 allowance, 15% off balance over \$105	\$84
Disposable	\$0 Copay; \$105 allowance, plus balance over \$105	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
<b>Frequency:</b>		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

\* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

\*\* Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

\*\*\*\* Standard Progressive Lens covered - fund Premium Progressive as a Standard

## VISION PLAN C

Vision Care Services	Member Cost	Out-of-Network
<b>Exam with Dilation as Necessary</b>	\$10 Copay	\$30
<b>Exam Options:</b>		
<b>Standard Contact Lens Fit and Follow-Up:*</b>	Up to \$40	N/A
<b>Premium Contact Lens Fit and Follow-Up:**</b>	10% off Retail	N/A
<b>Frames:</b> Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$55
Lenticular	\$25 Copay	\$55
Standard Progressive****	\$25 Copay	\$55
Premium Progressive****	\$25, 80% of Charge less \$120 Allowance	\$55
<b>Lens Options:</b>		
UV Coating	\$0	N/A
Tint (Solid and Gradient)	\$0	N/A
Standard Scratch-Resistance	\$0	\$5
Standard Polycarbonate	\$0	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses</b> <i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$84
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
<b>Frequency:</b>		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	

\* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

\*\* Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

\*\*\*\* Standard Progressive Lens covered - fund Premium Progressive as a Standard

## **Best Doctors**

Imagine that you receive bad news at the doctor's office – you are seriously ill. The scary questions arise: Is the diagnosis correct? Will the treatment be appropriate? Now you have the ability to ensure that you get the right answers without ever leaving your home. Best Doctors is a free and confidential service available to you through your UST benefits plan. Through the Best Doctors Check-up, you have access to world-renowned doctors who will work on your case to make sure that your diagnosis and treatment are on target.

All UST employees who are enrolled in UST's medical insurance plan are eligible for this program at no cost to the employee.

The process uses three simple steps:

### ***Connect***

One phone call sets it all in motion. By calling Best Doctors, you are connected to a nurse who is waiting to listen to the questions you have about your diagnosis and treatment plan. The nurse will take your complete medical history and make sure that every one of your questions are answered.

### ***Investigate***

Best Doctors then compiles all of your medical information, including all doctors' records and tests, and selects the world-renowned doctor from our database of 35,000 who is best qualified to work on your case. The expert doctor conducts a thorough analysis of your condition based on all of your files and tests, and then delivers their findings and recommendations back to your Best Doctors nurse.

### ***Answer***

Best Doctors will deliver you and your physician an easy-to-understand report summarizing the expert doctor's findings, letting you know if your diagnosis or treatment plan are on target. Your nurse will carefully review all the information with you and answer any questions. Now, you and your doctor have the answers you deserve to confidently choose the most appropriate steps together. Best Doctors is always available for follow-up questions.

Call Best Doctors at 1.866.904.0910

Or visit [www.bestdoctors.com](http://www.bestdoctors.com)

# Financial Security

## Life Insurance

Life Insurance is an important part of your overall financial plan. The University of St. Thomas provides every eligible employee with coverage that provides a benefit to your beneficiary at two times your annual base salary, up to a maximum of \$200,000. Coverage amounts will vary according to the following schedule:

<u>Age</u>	<u>Insurance amount reduces to</u>
65	70% of original amount
70	50% of original amount
75	30% of original amount
80	20% of original amount

Coverage may not be increased after a reduction.

Federal laws require you to pay a tax on the value of your Employee Term Life Insurance in excess of \$50,000. This value is a calculation determined by IRS regulations and is automatically added to your paycheck so that you can be taxed appropriately. This is referred to by the IRS as “Imputed Income”.

This benefit also provides the following additional services:

- **Survivor Financial Counseling Services**

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse.

- **Portability**

If you retire or leave the University, you may be able to take your coverage with you in accordance with the terms outlined in the contract.

- **Waiver of Premium**

If you become disabled (as defined by the University plan) and are no longer able to work, your premium payments will be waived during the period of disability.

- **Accelerated Benefit**

If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$750,000, without fees or present value adjustments.

## **Voluntary Life Insurance & AD&D**

Your voluntary Term Life and AD&D coverage options are:

Employee: Up to five times your annual salary in increments of \$10,000. Not to exceed \$500,000.

Spouse: Up to five times your annual salary in increments of \$10,000. Not to exceed \$500,000.

Child(ren): Benefit election can be either \$5,000 or \$10,000. Not to exceed \$10,000.

### **Term Life Coverage Rates**

<u>Age Band</u>	<u>Employee/Spouse monthly cost per \$10,000</u>
18-24	\$.56
25-29	\$.56
30-34	\$.75
35-39	\$1.00
40-44	\$1.45
45-49	\$2.39
50-54	\$4.04
55-59	\$6.71
60-64	\$10.81
65-69	\$18.04
70-74	\$30.05
75+	\$54.00

### Child(ren)

\$5,000 coverage cost \$1.00 per month

\$10,000 coverage cost \$2.00 per month

### **AD&D Coverage Rates**

	<u>AD&amp;D Cost per</u>	<u>Monthly Rate</u>
Employee/Spouse	\$10,000	\$.52
Child(ren)	\$5,000	\$.26
Child(ren)	\$10,000	\$.52

### **Making Changes to Your Life Insurance**

Anytime during the year, you may make the following changes to your Life Insurance options:

- Increase Employee, Spouse or Child Life Insurance, or
- Decrease Employee, Spouse or Child Life Insurance.

You may purchase additional Life coverage up to the Guarantee Issue amounts at any time if you are already enrolled in the plan. You will be required to complete an Evidence of Insurability (EI) Form.

## **Your Life Insurance Beneficiary**

It is important to review your life insurance beneficiary when you have a qualifying change in status event, such as marriage or birth. You are the beneficiary of any benefits paid by the plan for Spouse and/or Child Life Insurance coverage.

If you do not designate a beneficiary or if your beneficiary dies before you and there is no contingent beneficiary named, the benefit is paid after your death in the following order:

- 1) Your surviving spouse (if any).
- 2) Equally among surviving children.
- 3) Equally among surviving parents.
- 4) Equally among surviving siblings.
- 5) Your personal representative or the executor of your estate.

## **Frequently Asked Questions**

**Q. *What do I need life insurance for?***

A. Most experts recommend that people with dependents carry life insurance. Your family may also need funds to help them readjust: perhaps to finance a move, or pay expenses while job hunting. Evaluating your needs and costs can help you and your family be the most prepared in the event of your death.

**Q. *What is the “GTL” deduction on my paycheck?***

A. *Imputed Income* is an IRS required calculation based on the amount of employee life insurance over \$50,000. Your life insurance paycheck deduction is then charged on an after-tax basis.

**Q. *Why would the cost of voluntary life insurance increase during the year?***

A. Life insurance can go up on January 1<sup>st</sup> of each year for several reasons. Most commonly, you may reach a birthday that moves you into the next age bracket which increases your base cost per thousands dollars of life insurance coverage.

## **Long Term Disability Insurance**

While most of us do not expect to become disabled and unable to work, it is important to plan for the possibility of an extended absence from work. Becoming disabled can have a devastating impact on your family and your financial obligations if you are unable to work.

You will be automatically enrolled in UST Long Term Disability plan, which is paid for by the University. In the event you become disabled, upon approval from the insurance carrier, the policy will provide a 60% monthly benefit, after satisfaction of the elimination period, up to a maximum benefit of \$6,000 per month.

## Health Care & Dependent Care Spending Accounts

As part of your benefit program, the University offers you the opportunity to enroll in two different reimbursement accounts that allow you to pay your eligible health care and/or daycare expenses on a pre-tax basis. You will save money when you use pre-tax dollars to reimburse your eligible health care and dependent care expenses. If you enroll in one or both of the reimbursement accounts, your elected contributions will be deducted from your pay and will not be subject to Federal Income Tax, State Income Tax, or Social Security (FICA) Taxes. When your taxable income is reduced, your taxes are also reduced. The following two types of spending accounts are available through the Cafeteria Plan:

- Health Care Spending Account
- Dependent Care Spending Account

The key to the effective use of the Health Care and Dependent Care spending accounts is planning. You have to anticipate what your bills will be for the coming year and set aside enough money to cover them. You decide how much money you will contribute annually (based on a calendar year) to one or both accounts. **The annual amount will be divided by 24 pay periods and deducted on a pre-tax basis from the first two paychecks of each month during the plan year.** Twice during the year, you will receive three checks during the month; there will be no deductions for your cafeteria plan choices from that third check. The contributions you designate will be credited to a bookkeeping account on your behalf. This account will be used to reimburse you for eligible health care and/or dependent care expenses for you and your eligible dependents which are not reimbursed by another source, like insurance, another reimbursement plan or a state agency.

Because your contributions are pre-tax, federal regulations limit your ability to change your elections during the calendar year. You may only change your elections during the calendar year if you experience a Change in Status Event. Contact the Benefits Team in the Human Resources Department for more information.

### How a Reimbursement Account Can Give You Tax Savings

	Without a Reimbursement Account	With a Reimbursement Account
Yearly Gross Income	\$24,000	\$24,000
<b>Estimated Pre-tax</b> contribution to benefits		\$2,000
Taxable Income	\$24,000	\$22,000
Federal Income Tax	\$3,600	\$3,300
Social Security Tax	\$1,836	\$1,683
After-tax Contribution	\$2,000	
Spendable Income	\$16,564	\$17,017
Increase in Spendable Income		<b>+\$453</b>

*NOTE: This is a hypothetical example. Your tax information will vary depending upon your exemptions.*

## Health Care Reimbursement Account

This account reimburses you on a pre-tax basis for eligible out-of-pocket medical care expenses including deductibles, co-pays, co-insurance, certain over the counter drugs and other such expenses not covered by your medical or dental plan.

- Expenses must be incurred by you, your legal spouse, or your other eligible dependents.
- The maximum calendar year contribution is \$5,000.
- Only expenses incurred during your participation in the plan are eligible for reimbursement.
- Your participation in the reimbursement account ends when you leave UST or you no longer meet the eligibility requirements.
- You may submit claims for expenses incurred after your benefits termination date only if you elect COBRA continuation coverage and make the required contributions.

## Dependent Care Reimbursement Account

This account reimburses you on a pre-tax basis for eligible out-of-pocket dependent care expenses incurred in order for you or your spouse to work. If you are married, your spouse must be employed or attending classes as a full-time student for you to use this account.

- Eligible dependents are your children who are under age 13 or your eligible dependents of any age who are mentally or physically handicapped and incapable of caring for themselves. Care can be given in your home or in a facility outside of your home.
- The maximum contribution is the lesser of: \$5,000 per calendar year, per family (or \$2,500 if married and filing taxes separately), or the lowest earned income of you or your spouse.
- Your participation in the account ends when you leave UST or you no longer meet the eligibility requirements.
- You can continue to submit claims for expenses incurred throughout the year up to the amount you contributed to your account while participating.

## Frequently Asked Questions

**Q.** *What happens to the money in my spending account(s) if it is not used up by the end of the plan year?*

**A.** It is important to carefully plan out your contributions for the reimbursement accounts. All claims for eligible expenses for the current plan year must be postmarked on or before March 31 of the following year to be considered for reimbursement.

Federal law requires that you forfeit (give up) any money that you have contributed that is not used to reimburse eligible expenses. You cannot carry over account balances from year to year. Any unused amounts after March 31 of the following year, will be forfeited.

**Q. *What documentation is necessary to submit for reimbursement of a claim?***

**A.** *For Health Care Claims*, the expense must first be submitted for payment to a medical or dental plan which covers you or your dependents. After the plan has processed the charge, the expenses you are responsible for may be submitted for reimbursement.

There must be third party documentation of the expense (e.g., an Explanation of Benefit statement or itemized provider bill). That documentation must clearly state the date services were rendered, the patient's name, the amount due after insurance, and that the expense is eligible under the applicable tax regulations.

*For Dependent Care Claims*, the same information is required except that there is no insurance information. The tax ID number or Social Security Number of the dependent care provider is also required. There must be third party documentation of the expense (e.g., an itemized bill or provider signature).

Each claim for health care and dependent care reimbursement requests must be accompanied by the participant's signed statement that the expense has not been reimbursed, nor will you seek reimbursement, from another source.

**Q. *Can insurance premiums be reimbursed?***

**A.** No. Federal law prohibits reimbursement of premiums through a health care reimbursement plan. This includes COBRA premiums and any expense that functions as a premium regardless of its label.

**Q. *Is contact lens solution an eligible expense?***

**A.** Yes. Contact lens solution and supplies are reimbursable through the plan. Contact lenses are also eligible.

**Q. *Must I pay the provider before submitting for reimbursement?***

**A.** Not necessarily. Claims must include proof that the expense was incurred and that the insurance company has processed the claim, but there is no legal requirement that you have paid the provider for the remaining balance of the bill. However, your provider may require payment before you receive your reimbursement.

**Q. *Does a day care provider have to be licensed?***

**A.** No. The day care provider does not have to be licensed unless he/she provides care for more than six non-resident persons.

**Q. *Can a day care provider be a relative of the participant?***

**A.** Yes, with some exceptions. The day care provider can be a relative, but cannot be (1) your spouse; (2) your child under 19 years of age; (3) any person you can claim as a dependent on your income taxes.

**Q. *Can child support or dependent care garnishments be reimbursed?***

**A.** No. Child support and day care garnishments paid under a divorce or separation decree are not eligible for reimbursement. The custodial parent can claim work-related dependent care expenses.

## **Health Savings Account (HSA)**

A Health Savings Account (HSA) is a funding program that allows you to put money aside for eligible medical care expenses tax-free. Unlike the Healthcare Reimbursement Account, an HSA allows you to “roll-over” unused dollars into the next year. There is no “use it or lose it” provision. Furthermore, your funds can be invested and grow much like the funds in a retirement account. Earnings are tax-free.

Who is eligible?

- Must be enrolled in the HDHP medical plan
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance
- Must not have received VA medical benefits at any time in the past three (3) months
- Spouse not contributing to/participating in a general-purpose FSA through his/her employer

Eligible employees may contribute up to the limits established by the federal government. Limits for 2009 are a maximum of \$3,000 for employees with employee only coverage, and \$5,950 for employees with employee+1 or employee+family coverage. Catch-up contributions are available for employees over 55 (\$1,000 in 2009).

If contributions are made through payroll deductions, they will be made pre-tax. Participants will receive IRS forms 5498 and 1099 to aid in tax preparation. The participant is responsible for documenting that all withdrawals have been used for qualified medical expenses and they will be liable for State and Federal taxes if the expenses were not qualified medical expenses.

The money in your account is yours as soon as it is deposited into your account. You can change health care coverage or change jobs in the future and still keep the money in your account.

Eligible employees may request an HSA enrollment package from the Benefits Office.

## **UST Retirement Plan**

UST currently offers a qualified retirement plan to employees. This 403(b) plan enables the University to provide contributions for eligible salaried and hourly employees who hold full and part-time regular positions that are approved at a .5 FTE or greater. To be eligible, an employee must be at least 21 years of age and have completed one year of service at the University. (The one-year waiting period is waived for employees age 40 and over on date of hire.)

The University contributes 10.4% of base annual salary for all eligible employees. Employees may choose to deposit these funds with one of two available vendors: TIAA-CREF or Fidelity Investments (employee application needed). All University contributions are made each payday and are fully and immediately vested. Periodic account statements will be mailed to your home by the vendor.

Applications for the retirement plans are handled through the department of Human Resources. Failure to complete the application on a timely basis may result in contributions being deposited to a default account. You may change your default contribution election by contacting the Human Resources Department.

### **Frequently Asked Questions**

***Q. Can I make contributions to this plan?***

**A.** No. Once you meet the eligibility requirements of the plan, UST makes 100% of the contributions for you. This is an employer financed account.

***Q. What happens when I end my employment or retire?***

**A.** You may leave your funds with your current vendor and elections, or rollover your account to an IRA or other qualified plan or you can take a lump sum payment (Taxes or penalties may apply).

## **Voluntary Retirement Plan**

Starting to save early can make a significant difference in reaching your retirement goals. The Voluntary Retirement Plan is an easy way to invest pre-tax earnings to build the level of income you will need for a secure financial future.

Voluntary retirement accounts are available to you at any time, and do not require any type of participation eligibility. These accounts involve employee contributions only; the University does not contribute money to your voluntary retirement account. The Internal Revenue Code limits the amount that can be contributed. At no time may you go over the elective deferral limit for the year. Employees are responsible for monitoring their contribution limit each year. The Voluntary Retirement Arrangement offers eligible employees the opportunity to direct voluntary contributions to one or both carriers: TIAA-CREF and Fidelity Investments.

## **Long Term Care Insurance**

UST offers a Group Long Term Care Insurance benefit provided through the Prudential Insurance Company. The Long Term Care Insurance benefit coverage is designed specifically to cover the costs associated with extended long-term care. Long-term care offers a variety of services for people who are unable to care for themselves. It could be assistance in your home with day-to-day activities or special attention in a nursing home.

There is a perception that Long Term Disability coverage will cover long-term care expenses. Disability coverage replaces lost wages if you are no longer able to work. That money is intended to cover your normal living expenses, like food and housing. Medicare and private health insurance plans, including Medicare supplement policies, pay for hospitalization and other medically necessary expenses, but were not designed to cover extended long-term care costs. Medicare does provide benefits for long-term care, but it is only available to persons who have become impoverished.

You can take a Long Term Care Insurance credit on your State of Minnesota tax return. The credit is good for 25% of the premiums up to a maximum of \$100, or \$200 if filing jointly. Check with your tax professional for more information.

### **Long-Term Care Insurance Facts**

- There will be opportunities to adjust for inflation.
- As long as you keep paying your premiums and you have not received benefits up to your lifetime maximum, your coverage cannot be cancelled.
- Not only are you eligible but so are your spouse, parents, grandparents and in-laws.

### **Frequently Asked Questions**

***Q. What is Long Term Care Insurance?***

**A.** It is a variety of services available to individuals unable to care for themselves due to an accident, illness, or effects of aging, and can be for a temporary or permanent basis.

***Q. Why do people need Long Term Care Insurance?***

**A.** Under age 65, common causes are cancer, complications of surgery, spinal cord injury, brain damage from accidents and strokes, and Multiple Sclerosis. Over age 65, common causes are diabetes, fractures and falls, emphysema, stroke, influenza and Alzheimer's disease.

***Q. How much does this benefit cost?***

**A.** The premiums are per person and based upon age and the effective date of coverage. The premiums are paid with after-tax dollars and do not change unless you increase your benefits.

For more information about the program, contact:

Pamela Devine  
The David Agency  
6800 France Avenue South  
Edina, MN 55435

Telephone #: 952.277.0671

## **Minnesota 529 College Savings Plan**

The Minnesota 529 Plan is an easy way to help you prepare for your children's college education. These plans are individual investment accounts that offer tax incentives to save for higher education and training. An account can be established for a designated beneficiary and after-tax contributions are then automatically deposited through an automatic deduction from your bank account. When the money is withdrawn for qualified education expenses, there are no state or federal taxes on the earnings of this account.

Other advantages include:

- **Matching Grant** – The State of Minnesota will provide a matching grant to eligible Minnesota resident families contributing at least \$200 to the plan per calendar year.
- **Choice of Schools** – Whether your child decides to go to private or public college/University, trade or graduate school, in Minnesota or another state, funds in your account may be used at any eligible educational institution. Your savings can be used for tuition as well as related qualified expenses such as books, fees, certain room and board expenses, and supplies and equipment required for enrollment or attendance.
- **Anyone Can Contribute** – Parents, grandparents, relatives and friends at any income level may open an account and contribute.
- **You Are In Control** – You maintain control of the funds in the account. Your child or beneficiary cannot spend the money on a non-qualified expense.
- **Low Minimum Contribution** – An account may be opened with \$25.

For enrollment information go to [www.mnsaves.org](http://www.mnsaves.org) or call 1.877.338.4646

## **Pet Insurance**

UST offers employees the opportunity to purchase pet health insurance policies at a discounted price that is not available to the general public.

Coverage is available for dogs, cats, birds and exotic pets. The policy will help accidents, poisonings, illnesses and diseases as well as for preventative care issues (checkups, shots). Pet owners may take their pet to any licensed veterinarian anywhere in the world and receive reimbursement for eligible expenses.

Payment of premiums is through monthly payments that may be made by Debit of Checking/Savings account, Credit Card or Bank Check Card. Annual payment may be made with above methods as well as Check or Money Order.

There are two ways to enroll:

- Online at [www.petsinsurance.com](http://www.petsinsurance.com)
- By phone at 877.738.7874

# Work Life Balance

## Paid Leave Time (PLT) and Vacation Leave

Paid leave time is provided to eligible employees in accordance with the guidelines listed below.

### Hourly Employees

Paid Leave Time, referred to as PLT, is granted to eligible full and part-time hourly employees. PLT provides flexibility for time off for personal and family reasons as well as for illness and vacation purposes.

Employees accrue PLT according to the following schedule:

LENGTH OF SERVICE	ACCRUAL (Per hour worked)	WEEKS PER YEAR (Full time employee)	HOURS PER YEAR (Full time employees) At 40 hours/week
0 yrs up to 4 yrs	.068	3.5 weeks	141.44
4 yrs up to 12 yrs	.090	4.7 weeks	187.20
12 yrs & over	.109	5.7 weeks	226.72

- New employees begin accruing PLT immediately upon hire, but are not eligible to take PLT until after completing 3 months of service.
- PLT is accrued at the end of each pay period, and may not be taken during the pay period in which it is earned.
- PLT may accumulate up to a maximum of 160 hours for full time employees; prorated for part-time employees. PLT accrual over 160 hours will be forfeited if not used by September 30th each year.
- PLT requests should be made to the employee's supervisor at least two weeks in advance of the requested time off.
- There are no additional accruals for hours worked beyond 40 hours per week.
- Unused PLT, at time of termination, will be paid out, to a maximum of 160 hours.
- EEs do not accrue PLT while on short or long-term disability or while on an unpaid leave of absence

## Exempt (Salaried) Employees

Vacation time is granted to eligible full and part-time exempt employees. Full-time exempt employees will be allocated paid vacation according to the following schedule:

<i>Length of Service</i>	<i>Vacation Earned</i>
Less than 12 years	20 days per year
12 years and over	25 days per year

Eligible part-time exempt employees will also be allocated vacation according to the schedule above. However, the vacation pay will be based on approved FTE, rounded up. For example, for an employee at .625 they would be given 13 vacation days.

- Vacation allocations are made annually on July 1 and based on the schedule above. The allocation for part-time and new employees is prorated.
- Vacation allocations not used by June 30 are forfeited.
- Exempt employees must electronically record vacation time taken on the UST HR web site (<https://insideust.stthomas.edu/humanresources/vrs>), which was created for this purpose. If you have any questions, contact the Department of Human Resources for specific instructions on how to record vacation time electronically.
- According to the Fair Labor Standards Act (FLSA), exempt employees may not take vacation leave in less than whole day increments.
- Exempt employees who terminate from the university shall receive reimbursement of up to five (5) days of earned but unused vacation. Payment for unused vacation is processed as soon as administratively possible following the last day of employment.

## All Employees

- Employees may not use vacation time or PLT to extend their employment. Generally, an employee's termination date is determined by the last day actually worked.
- An employee who leaves the University and is again employed within one year, may resume past service credits as if no break in service occurred.

## **FMLA – The Family and Medical Leave Act of 1993**

FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. UST uses a 12-month period prior to or after the commencement of leave as the 12-month period.

### **Employee Eligibility**

To be eligible for FMLA benefits, an employee **must**:

1. have worked for UST for a total of 12 months;
2. have worked at least 1,250 hours over the previous 12 months; and
3. worked at a UST location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

### **Leave Entitlement**

UST will grant an eligible employee up to a total of 12 workweeks of **unpaid** leave during any 12-month period for one or more of the following reasons:

- for the birth and care of the newborn child of the employee;
- for placement with the employee of a son or daughter for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Spouses employed by UST are jointly entitled to a **combined** total of 12 work-weeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, and to care for a parent who has a serious health condition.

Leave for birth and care, or placement for adoption or foster care must conclude within 12 months of the birth or placement.

Under some circumstances, employees may take FMLA leave intermittently — which means taking leave in blocks of time, or by reducing their normal weekly or daily work schedule.

- If FMLA leave is for birth and care or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval.
- FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

UST will require that employees use accrued **paid** leave (such as sick or vacation leave) to cover some or all of the FMLA leave.

You can obtain more information and necessary request forms online at [www.stthomas.edu/hr/benefits/fmla](http://www.stthomas.edu/hr/benefits/fmla) or by contacting the benefits team at 651.962.6519.

## **Employee Assistance Programs (EAP)**

The Employee Assistance Programs (EAP) provides cost-free professional consultation and referral services for staff and faculty who are experiencing work and personal-related difficulties. Immediate family members are also eligible for EAP services.

Confidential consultation is provided in areas that include:

- Work relationships
- Conflict resolution
- Mental health
- Interpersonal relationships
- Family
- Loss and bereavement
- Alcohol/substance abuse

Go to <http://www.lifebalance.net> and enter the word "lifebalance" as the organization name and password.

## **Employee Benefits While Traveling Abroad**

While traveling outside the United States, anything can happen. It is important for you to be prepared for any emergency that can occur. UST's medical and dental plan providers help you by giving you coverage for emergency situations that may occur.

### **Medical Coverage**

Your medical insurance coverage with Blue Cross Blue Shield of Minnesota will be treated as if it was an out-of-network visit here in the United States, with the same deductibles and copays. When you need health care outside the United States, follow these simple steps:

- Carry your Blue Cross Blue Shield identification card.
- If you need emergency medical care, go to the nearest hospital. Call the BlueCard Worldwide Service Center at 1.800.810.2583 or call collect at 1.804.673.1177 if you are admitted.
- If you require non-emergency care, you must call the BlueCard Worldwide Service Center (the numbers are the same as listed above). The Service Center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a physician. The Service Center is staffed with multilingual representatives and is available 24 hours a day, 7 days a week.

### **Dental Coverage**

Through an exclusive agreement with Europ Assistance, the world's leading supplier of assistance and related insurance services, Delta Dental has made arrangements for employees and their dependents to receive emergency dental treatment while traveling outside the United States. Europ Assistance offers a worldwide network of dentists in 130 countries across the globe.

An English speaking Europ Assistance service agent is available 24 hours a day, 7 days a week to answer questions and assist with scheduling emergency dental treatment.

- Appointment scheduling and payment assistance – 44.1.444.475501
- Claims information – 44.1.444.442457

### **Emergency Repatriation Services**

UST provides emergency repatriation coverage that will pay up to \$500,000 to transport a seriously injured or sick employee back to the United States for required medical treatment. To obtain this service, contact the UST Benefits Office at 651.962.6510.

For more information on benefits while traveling abroad, read the program booklet at <http://www.stthomas.edu/hr/benefits/files/travelAbroad.pdf>

## Emergency Travel Assistance around the World

Worldwide emergency travel assistance services start with one call. When traveling for business or pleasure in a foreign country or just 100 miles from home, you and your family can count on getting help in the event of a medical emergency.

Around-the-clock help, when you need it:

- Guaranteed hospital admission
- Emergency medical evacuation to a medical facility
- Medically supervised return travel to your home
- Transportation for a friend/relative if you are alone and expect to be hospitalized more than seven (7) days
- Prescription replacement
- Medical consultation and evaluation
- Medical referrals to Western-trained, English-speaking medical providers
- Care and transport for unattended minor children

For more information on conditions and exclusions, ask the Benefits Office for a copy of UST's service program.

For trips over ninety (90) days, expatriate coverage is available. Call the number below for more information.

Learn more about this benefit at [www.unum.com/travelassistance](http://www.unum.com/travelassistance)

Worldwide emergency travel assistance services:

Within the U.S.	1.800.872.1414
Outside the U.S.	1.609.986.1234
Via email	<a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a>
Reference Number	01-AA-UN-762490

## **Tuition Remission**

The University of St. Thomas provides tuition assistance to its employees. In summary, the benefit for non-union employees is as follows:

- **Full-time Employees:** tuition assistance will be 100% of tuition with the benefits available for a maximum of two courses per term. (Attendance at UST only, undergraduate and graduate.)
- **Full-time Employee's Spouse:** the limit will be two courses per term with the benefit level being 75% of the tuition. (Attendance at UST, undergraduate and graduate. Attendance at ACTC schools, undergraduate only.)
- **Full-time Employee's Dependents:** the benefit level is 75% with no limit on the number of courses per term through the undergraduate level. (Attendance at UST, undergraduate only. Attendance at ACTC and those in Catholic College Exchange Programs, undergraduate only.)
- **Part-time Employees:** the same rules apply as for full-time employees except that tuition assistance will be allocated based on the percentage of full-time employment and is available following 3 years of qualifying employment. (Attendance at UST only, undergraduate and graduate.)
- **Part-time Employee's Spouse:** the same rules apply as for full-time employees except that tuition assistance will be allocated based on the percentage of full-time employment and is available following 3 years of qualifying employment. (Attendance at UST only, undergraduate and graduate.)
- **Part-time Employee's Dependents:** the same rules apply as for full-time employees except that tuition assistance will be allocated based on the percentage of full-time employment and is available following 3 years of qualifying employment. (Attendance at UST only, undergraduate only.)

### **Application**

The Undergraduate Tuition Remission Application or the Graduate Tuition Remission Application must be completed and submitted to apply for tuition remission or assistance. The appropriate form must be completed and submitted prior to the first day of the semester in which the employee, spouse, or dependent is taking the course. Any form submitted after the course has been completed will be rejected. Please refer to the complete guidelines for details on other colleges' applications deadlines, as they will differ. Forms are available online at [www.stthomas.edu/hr/benefits](http://www.stthomas.edu/hr/benefits) or from the benefits team. It is the employee's responsibility to meet all deadlines.

### **Tax Rules**

This benefit for undergraduate tuition remission for employees, their spouses and dependents is nontaxable to the employee.

Effective January 1, 2002, graduate tuition assistance for employees is nontaxable up to the amount of \$5,250 per calendar year. Graduate tuition assistance for employees' spouses is taxable to the employee.

The IRS Chief Counsel issued a Field Service Advice in August 2002. This concluded that waivers of job-related graduate tuition cannot qualify as a Section 132 working condition fringe benefit. Therefore, the University of St. Thomas no longer can accept the Job Related Affidavit. Graduate tuition remission is nontaxable up to the amount of \$5,250 per year. All amounts exceeding this will be taxable.

Please refer to the Tuition Remission and Educational Assistance Guidelines for more information. It is available online at [www.stthomas.edu/hr/benefits/files/TRguidelines.pdf](http://www.stthomas.edu/hr/benefits/files/TRguidelines.pdf) or from the benefits team.

## **Employee Perks**

### **Athletic Facilities**

UST has several athletic facilities open to staff and faculty. Amenities include basketball courts, racquetball courts, swimming pool, weight-training and fitness rooms.

### **Box Office**

The UST Box Office offers the St. Thomas campus community and Alumni access to many local Twin Cities cultural, theatrical, and athletic events; outdoor and recreational equipment and outdoor programming and co-curricular experiences.

### **Campus Mail Services**

Campus Mail Services provides UST with high quality and professional receiving, processing, and delivery of USPS, Federal Express, UPS and internal UST mail.

### **Child Development Center**

The UST Child Development Center is more than on site child care. The Center provides high-quality, innovative programming to children and families; research, training and internship opportunities for undergraduate and graduate students; and a challenging and supportive work environment for early childhood educators.

### **Credit Union**

Membership in the St. Thomas Employee Federal Credit Union is a fringe benefit offered to all employees of the University. To join the credit union or to find out about available services, stop at the CU office in 209 Loras Hall during open hours, call 651-962-6660 and leave a message in the voice mailbox at any time, or email at [creditunion@stthomas.edu](mailto:creditunion@stthomas.edu).

### **Hair Works**

Hair Works is our on-campus barbershop. Stop in for a trim or to shop from a varied selection of hair care products. Located in MHC LL near the Box Office, the barber is in Monday through Friday from 9:00 am-5:30 pm.

### **Lifetime Fitness Center Discounts**

UST employees receive a \$30 discount on their one-time initiation fee by presenting a UST ID card at the time you enroll.

### **M&I Bank**

UST employees are eligible for membership banking services through M&I Bank. Services include a free interest bearing checking account, free standard checks and an ATM card, discounted loan rates and a closing bonus on mortgage loans. To learn more or to sign up for membership services, stop by your nearest M&I Bank branch.

### **Shuttle Bus**

A free shuttle bus service is available Monday through Friday from 6 a.m. to 11 p.m. between the St. Paul and Minneapolis campuses to those with current and valid St. Thomas identification.

### **TCF Personal Banking Benefits**

UST full and part-time employees are eligible for a Personal Pay Day checking or savings account with TCF Bank. These benefits include free checking, special interest bearing accounts, free checks, etc. Just present your UST ID card when you open your account.

### **Tommie EXpress Card**

Your Tommie EXpress card is your UST ID card and a whole lot more! EXpress accounts are debit plan spending accounts available to students, faculty and staff. To open an account, you need to fill out an EXpress Account Agreement form. The EXpress account can be used at many on campus locations, and several off campus locations.

### **US Bank**

UST full and part-time employees are eligible for a Personal Pay Day checking or savings account with US Bank. These benefits include free checking, special interest bearing accounts, free checks, etc. Just present your UST ID card when you open your account.

### **Wellness Center**

The Wellness Center is designed to increase the overall health of the University of St. Thomas community and promote healthy lifestyle choices that will serve individuals throughout their life. You can learn more by going online at [www.stthomas.edu/wellness](http://www.stthomas.edu/wellness) or contacting them at 2-6128.

### **Wells Fargo Employee Financial Solutions**

UST employees are eligible for membership banking services through Wells Fargo. Services include a free interest bearing checking account, free standard checks and an ATM card, discounted loan rates and a closing bonus on mortgage loans. To learn more or to sign up for membership services, stop by your nearest Wells Fargo Bank or call their service center at 1.800.932.6736.

# Enrollment Information

## Changing Your Benefits

### Annual Enrollment

Eligible employees who wish to change their benefits during annual enrollment are allowed a window of opportunity in the Fall of every calendar year. Annual enrollment for plan year 2009 is Monday, November 3, 2008 to Wednesday, November 19, 2008. Benefit elections made during this period of annual enrollment are effective on January 1, 2009. There will be information enclosed in the front of this booklet that will describe the process, timelines and any additional information related to annual enrollment elections.

**Employees who wish to participate in health care or dependent care spending account elections MUST enroll online. In accordance with IRS regulations, those elections must be made every year regardless of whether they change or not.**

### Adding New Dependents

- Spouse or Stepchildren - you must submit the appropriate enrollment form within thirty (30) days of the date of the marriage to the Human Resources Department. Coverage for your spouse and/or stepchildren will start on the date of marriage.
- Newborns and Children Placed for Adoption – you must submit the appropriate enrollment form within ninety (90) days after the date of birth for newborn child or ninety (90) days of the date of placement for your adopted child. Coverage starts on the date of birth or date of placement.
- Handicapped Children or Handicapped Dependents – you must submit the appropriate enrollment form within thirty (30) days of the date of eligibility. Coverage starts on the date of eligibility.

If the enrollment form is received after the application period, your spouse and/or dependent must wait until the next annual enrollment to apply for coverage.

## **Special Enrollment Periods**

Special enrollment periods are periods where eligible employees and dependents may enroll under certain circumstances after the initial thirty (30) days when they were first eligible. The following conditions must be met:

- 1) Employee or dependent was covered under health insurance coverage at the time coverage was previously offered to the employee or dependent;
- 2) The employee must complete any required written waiver of coverage and state in writing that, at such time, other health insurance coverage was reason for declining enrollment;
- 3) The employee's or dependent's coverage is terminated because his/her continuation has been exhausted, they are no longer eligible for the Plan due to a divorce, legal separation, death, termination of employment, reduction in hours, or University's contributions toward coverage were terminated; and
- 4) The employee or dependent requested enrollment not later than thirty (30) days after the termination of coverage or University contribution.

## **Continuation of Coverage (COBRA)**

As mandated by Federal law, the University of St. Thomas offers optional continuation coverage to you and/or your eligible dependent(s) if coverage would otherwise end due to termination of employment, a reduction in hours worked by you, your death, divorce or legal separation, entitlement to Medicare, or loss of eligibility for a covered dependent.

The cost of continuation coverage is determined by the University of St. Thomas and paid by the qualifying individual. The applicable premium cannot exceed 102% of the plan's cost of providing coverage or 150% in the case of disability.

# Women's Health & Cancer Rights Coverage

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act of 1998. This law requires group medical plans that provide coverage for mastectomy to also provide coverage for certain reconstructive services. These services include:

- ✓ Reconstruction of the breast on which the mastectomy has been performed,
- ✓ Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- ✓ Prostheses, and
- ✓ Physical complications during all stages of mastectomy, include lymphedemas.

In addition, the plan may not:

- ✓ Interfere with a women's rights under the plan to avoid these requirements, or
- ✓ Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-payments consistent with other coverage provided by the plan.

This law also requires written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This notice serves to fulfill that requirement.