

MINNEAPOLIS
COLLEGE of ART and DESIGN

2025

EMPLOYEE BENEFITS GUIDE



QUESTIONS?
BENEFITS@MCAD.EDU

M
CAD

STAFF &
FACULTY

TABLE OF CONTENTS

Benefits At A Glance	3
Eligibility.....	5
How to Enroll	6
Benefit Changes Outside Open Enrollment.....	6
Health Insurance	7
Network Options.....	9
Medical Benefit Summary.....	10
Prescription Drug Coverage	11
Premium Cost for Health Coverage.....	13
HealthPartners Additional Perks	16
Online Health Care.....	17
Health Savings Account (HSA).....	18
Medical Flexible Spending Account (FSA)	20
What is the Difference?	21
Dependent Care FSA	22
Dental Insurance	23
Vision Insurance.....	24
Life and AD&D Insurance	26
Voluntary Life and AD&D	26
Short-Term & Long-Term Disability.....	27
New York Life Additional Perks	28
Transportation Benefits	31
Other Transportation / Parking Resources.....	34
Additional Benefits.....	34
403(b) Retirement Plan.....	36
Benefit Glossary	37

Benefits At A Glance

MCAD offers a competitive benefit program that is reviewed annually to ensure it meets the needs of our diverse employee base. See the chart below for a quick look at the information provided in this Benefit Resource Guide. Then, go to each specific section for more detailed information.

Benefit Plan	Summary
What's New for 2025?	<p>HSA new limit: \$4,150 to \$4,300 Employee \$8,300 to \$8,550 Family</p> <p>FSA new limit: Contribution: \$3,200 to \$3,330 Roll over: \$640 to \$660</p>
General Plan Info	Information on eligibility and how to enroll for 2025
MCAD Open Enrollment	Information on how to enroll (as well as when/how to make changes throughout the year).
Health: HealthPartners	<p>Choose from four plan design options:</p> <p>Plan One (Co-pay) \$1,500-\$45-75%</p> <p>Plan Two (3 for Free) \$2,500-75%</p> <p>Plan Three (HDHP): \$4,000-100% (HDHP/HSA Preventive RxPlus)</p> <p>Plan Four (HDHP): \$7,000-100% (HDHP/HSA Preventive RxPlus)</p> <p>Choose from three network options:</p> <ol style="list-style-type: none"> 1. Open Access + Mayo 2. Perform: w/o Mayo 3. Achieve: HealthPartners/Park Nicollet systems <p>Rx Benefits, Networks, Premium Costs, Plan Selection Tool, and more!</p>
Health Savings Account (HSA)	Pre-tax savings account for high deductible health plan participants
Medical Flexible Spending Accounts (FSA) & Limited Flexible Spending Accounts (LP-FSA)	Pre-tax account used to pay for eligible health care expenses Additional Pre-tax account for HSA participants used to pay for eligible Dental and Vision expenses
HSA vs Medical FSA?	Learn about the differences between these two types of accounts.
Dependent Care FSA	Pre-tax account used to pay for eligible dependent care expenses
Dental: HealthPartners	Dental plan with in-network and out-of-network coverage for preventive, basic and major services, as well as orthodontia for dependent children

Benefit Plan	Summary
Vision: EyeMed	Vision plan provides coverage for lenses, frames and/or contacts
Life and AD&D (group and voluntary)	MCAD provides benefit eligible employees with coverage equal to 1 times your annual salary up to a maximum of \$50,000. You may purchase additional coverage for yourself, your spouse, and/or your children
Short- and Long-Term Disability	STD and LTD benefits that continue a portion of your income due to a disability
Transit Benefits	Metropass Program and Qualified Bicycle Commuting Reimbursement Program
Tuition Benefits	MCAD offers several amazing tuition benefits. Please see the MCAD Staff Handbook and/or the FT Faculty and Adjunct Faculty Administrative Policies Manuals for more information.
Retirement Plans	403(b) and Supplemental Retirement Account (SRA) plans
Paid Time Off Benefits	MCAD provides all employees with Earned Sick and Safe Time (ESST). Full Time Faculty enjoy summers off. Staff enjoy several Paid Time Off Benefits. Please see the MCAD Staff Handbook and/or the FT Faculty and Adjunct Faculty Administrative Policies Manuals for more information.
Additional Perks	Wellness Discounts / EAP / Travel Assistance / Identify Theft Protection
Benefit Glossary	Definitions of terms you should know in order to best understand and utilize your benefits
Important Resources	Listing of the resources available to answer questions or provide information about your benefits
Important Notices	Special Enrollment Rights; Newborns' and Mothers' Health Protection Act; Women's Health and Cancer Rights Act of 1998; Children's Health Insurance Program (CHIP); Notice of Privacy Practices; MNsure Exchange Notice

The 2025 Employee Benefit Guide provides an overview of the majority of benefits available to you as a benefit eligible employee at MCAD. Please review this Benefit Guide and the information and resources contained within to aid you in making informed enrollment decisions about your 2025 benefits.

Eligibility

You are eligible to participate in the MCAD health benefit program on the first of the month following your date of hire if you are a:

- Full time benefit eligible faculty member
- Full time benefit eligible staff member (scheduled 35+ hours per week and at least 1,000 or more hours annually)
- Part time benefit eligible staff member (scheduled 20+ hours per week and at least 1,000 or more hours annually).

If your position changes and you have averaged 30 hours per week over the previous year, MCAD will notify you of your status change to benefit eligible status. Spouses and children (up to age 26) of benefit eligible employees are eligible for most benefits as outlined in the chart below.

Note: Student workers, casual labor staff, temporary employees, or adjunct faculty members are eligible for Earned Sick and Safe Time, WELL+ Resources, and any other benefits detailed in offer, contract, and/or CBA*.

	Benefits Eligible MCAD Employee	Spouse/Partner	Child
Medical	✓	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Health Savings Account	✓	✓	✓
Medical Flexible Spending Accounts	✓	✓	✓
Dependent Care FSA	✓		✓
Tuition Benefits*	✓	✓	✓
Voluntary Life Insurance and AD&D	✓	✓	✓
Basic Life Insurance and AD&D	✓		
Short and Long Term Disability	✓		
Metropass	✓		
Qualified Bicycle Commuting Reimbursement Program*	✓		
Retirement Plan (403b and SRA)*	✓		

*Adjunct Faculty Members are eligible for the Qualified Bicycle Commuting Benefit Reimbursement Program, limited benefits under the Tuition Benefit program, and 403(b) Retirement Plan if they meet two years/750-hour eligibility requirements as described in the 403(b) Summary Plan Document.

How to Enroll

MCAD Open Enrollment will be from November 4th-15th. Employees will use the Paylocity Benefits platform to enroll in all benefit plans offered by MCAD. Benefits can be elected, changed, and dropped once per year during Open Enrollment. MCAD Open Enrollment occurs each November for benefits effective January 1st of the following year. The steps to enroll are:

1. Log in to [Paylocity](#)
2. Access Benefits from the drop-down menu in the upper left-hand corner
3. Select Action Needed in the sidebar menu
4. Select Start
5. Select Start Your Enrollment
6. Review Family information (note: adding dependents here does not impact or update your Form W4)
7. Enter Benefit Elections
 - a. Select the dependents to cover. The system will calculate tier and cost based on the dependents selected.
 - b. Select the checkmark next to the appropriate Plan or Waive option
8. Select Submit to complete the enrollment!

Benefit Changes Outside Open Enrollment

Due to IRS regulations, Open Enrollment is the one time per year you are able to make benefit changes. The benefit elections you make during your initial new hire eligibility period and during annual Open Enrollment remain in effect for the entire calendar year.

You are, however, allowed to modify most benefit elections in certain unique situations, called “qualifying life events.” If you experience a qualifying life event, you may make changes to your benefits within 30 days of the event or 60 days if the event is due to birth or adoption of a child. Qualifying events due to loss of eligibility or loss of coverage, will usually allow entry into the plan on the first of the month following the event. Other events such as marriage or birth of a child, allow entry into the plan on the marriage date or the birth date. **Please note that supportive documentation is required for all qualifying life events.**

A qualifying life event includes a change in:

Legal marital status – marriage, death of spouse, divorce, legal separation, or annulment

Number of dependents – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child

Employment status – eligible dependent gains or loses access to employer-sponsored coverage

Dependent status – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan

Medicare or Medicaid eligible status – you or your spouse become Medicare or Medicaid eligible.

Health Insurance

Administered by Health Partners

Please review this section to determine which option best meets the needs of you and your eligible dependents.

Health Plan Choices

MCAD offers four health plan options. All options provide high-quality, affordable medical care, including preventive care, doctor's visits, hospitalization, and emergency care. However, each plan has unique characteristics and advantages. Your choices are:

Plan One (Co-pay plan): \$1,500-\$45-75%

Plan Two (Three for Free): \$2,500-75%

Plan Three (HDHP): \$4,000-100% HDHP/HSA preventive Rxplus

Plan Four (HDHP): \$7,000-100% HDHP/HSA preventive Rxplus

Network Options

Once you select a plan design, you choose from one of three networks. Once selected, your network remains in place for the plan year. Your choices are:

1. Open Access + Mayo
2. Perform: W/O Mayo
3. Achieve: HealthPartners/Park Nicollet systems

Plan One (Co-pay Plan): \$1,500-\$45-75%

On this plan, preventive care is covered at 100%. This plan requires that you pay a \$45 co-pay for other office visits. All other covered services, including imaging and x-rays associated with an office visit, are subject to the deductible (\$1,500 per person), coinsurance (75%) and out-of-pocket maximum (\$5,000 per person). Please note that co-pays do not count towards the deductible. Once you've met the annual out-of-pocket maximum, the plan pays 100% of covered services, including co-pays, for the rest of the calendar year as long as services are in-network.

Qualified health care expenses can be covered through your contributions to a Medical Flexible Spending Account on a pre-tax basis through payroll deduction. You can use the medical FSA to reimburse expenses for yourself and your dependents up to age 26.

Plan Two (3 For Free): \$2,500-75%

On this plan, preventive care is covered at 100%. This plan covers your first three visits for free – even if you have not reached your deductible yet. These three visits can be any combination of your regular clinic, urgent care, specialist care or convenience care clinic. Everyone on your plan gets three free visits each.

Once you have exhausted your three free visits, all other covered services are subject to the deductible (\$2,500 per person), coinsurance (75%) and out-of-pocket maximum (\$5,000 per person). Once you've met the annual out-of-pocket maximum, the plan pays 100% of covered services for the rest of the calendar year as long as services are in-network.

Qualified health care expenses can be covered through your contributions to a Medical Flexible Spending Account on a pre-tax basis through payroll deduction. You can use the medical FSA to reimburse expenses for yourself and your dependents up to age 26.

Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive RxPlus

On this plan, preventive care is covered at 100%. This plan requires covered participants to meet an annual deductible (\$4,000 per person) before the plan will start to pay for covered services – with the exception of the preventive Rx drugs (on IRS list) which are subject to a copay. Once a participant has met the deductible, the plan pays 100% of all covered in-network expenses for the remainder of the calendar year.

This plan is paired with a Health Savings Account through Employee Benefits Corporation (EBC). Participants may contribute to a Health Savings Account (HSA) to help cover out-of-pocket costs on a pre-tax basis. Federal rules limit reimbursement to family members who are legal tax dependents or a legal spouse.

Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive RxPlus

On this plan, preventive care is covered at 100%. This plan requires covered participants to meet an annual deductible (\$7,000 per person) before the plan will start to pay for covered services – with the exception of preventive Rx drugs (on IRS list) which are subject to a copay. Once a participant has met the deductible, the plan pays 100% of all covered in-network expenses for the remainder of the calendar year.

This plan is paired with a Health Savings Account through Employee Benefits Corporation (EBC). Participants may contribute to a Health Savings Account (HSA) to help cover out-of-pocket costs on a pre-tax basis. Federal rules limit reimbursement to family members who are legal tax dependents or a legal spouse. **Please note, if you enroll in this plan, MCAD will contribute \$100 to your HSA account at the start of the plan year.**

Network Options



Open Access + Mayo Clinic

Choose from more than 950,000 doctors and 6,000 hospitals in the United States. Simply go to your network doctor when you need care. No need to select a primary care clinic. And you don't need referrals to see specialists. The network includes the Mayo Health System, Mayo Clinic–Rochester, St. Mary's Hospital and Rochester Methodist Hospital.



Perform: W/O Mayo Clinic

The Perform network provides access to more than 950,000 doctors and 6,000 hospitals in the United States. The network excludes the Mayo Health System, Mayo Clinic–Rochester, St. Mary's Hospital and Rochester Methodist Hospital. There is no need to select a primary care clinic. And you don't need referrals to see specialists.



Achieve: HealthPartners / Park Nicollet Systems

The Achieve network includes Park Nicollet and HealthPartners doctors, clinics and hospitals, and a select group of independent doctors, clinics and hospitals. It is designed to provide top-notch care options for those living in the Twin Cities metro or St. Cloud areas. There is no need to select a primary care clinic. And you don't need referrals to see specialists. The Achieve network will provide greater cost savings compared to the Open Access and Perform Networks.



HINT: For all these network options, it is always in your best interest to seek providers who are in-network.

If you see a provider that is not in your HealthPartners network, your costs will be significantly higher because you will receive a lower coverage amount under your benefit plan – and your share of the costs will be based on the provider's full charges rather than the discounted rate HealthPartners negotiates with network providers. In addition, the costs above the usual and customary (U&C) rate are not subject to the out-of-pocket maximum. This means that once the total of your out-of-network U&C charges reach your out-of-pocket maximum, the plan will pay 100% of the remaining U&C charges, but you will continue to pay the full cost of any charges above U&C.

Medical Benefit Summary

This is a SUMMARY of your benefits. For a complete listing, visit www.healthpartners.com to view your Summary of Benefits and Coverage (SBC) and more. NOTE: All medical plans provide creditable drug coverage under ACA

In-Network	Plan 01 (Co-pay Plan)	Plan 02 (3 for Free Plan)	Plan 03 (HDHP)	Plan 04 (HDHP)
	\$1500-\$45-75%	\$2,500-75%	\$4,000-100% HDHP/HSA Preventive. Rxplus	\$7,000-100% HDHP/HSA Preventive. Rxplus
Deductible	\$1,500 per person \$4,500 per family	\$2,500 per person \$7,500 per family	\$4,000 per person \$8,000 per family	\$7,000 per person \$14,000 per family
Out-of-Pocket Maximum	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$4,000 per person \$8,000 per family	\$7,000 per person \$14,000 per family
Preventive Care - Routine				
Well-child, adult physical & eye exams / immunizations	100% coverage	100% coverage	100% coverage	100% coverage
Physician Services				
Physician and specialist visits; urgent care	\$45 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Convenience care	\$20 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Virtuwell	100% Coverage	100% Coverage	100% coverage after deductible	100% coverage after deductible
Imaging	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Hospital Services				
Inpatient / Outpatient Hospitalization	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Emergency Service				
Emergency room	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Ambulance	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Mental Health / Chemical Dependency				
Inpatient	75% coverage	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Outpatient	\$45 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Out-of-Network				
Deductible	\$7,500 per person \$22,500 per family	\$7,500 per person \$22,500 per family	\$13,000 per person \$26,000 per family	\$13,000 per person \$26,000 per family
Out-of-Pocket Maximum	\$15,000 per person \$30,000 per family	\$15,000 per person \$30,000 per family	\$20,000 per person \$40,000 per family	\$20,000 per person \$40,000 per family
Coinsurance	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible

Prescription Drug Coverage

Pharmacy Benefit

When you enroll in medical coverage, you automatically have coverage for prescription drugs. All plans provide coverage for drugs on HealthPartners’ formulary as well as drugs not on this list. This list is comprised of drugs that meet the participant’s medical needs and have proven to be safe and effective – while providing the most value. The list includes brand name and generic drugs that have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. All four plans offer coverage for prescription drugs; however, how you pay for your prescriptions will vary by plan and where you fill your prescription

In-Network	Plan 01 Co-pay Plan	Plan 02 3 for Free Plan	Plan 03 HDHP	Plan 04 HDHP
	\$1500-\$45-75%	\$2,500-75%	\$4,000-100% HDHP/HSA	\$7,000-100% HDHP/HSA
Pharmacy (on HealthPartners Formulary)				
Retail – up to 31-day supply	Generic: Low \$5 / High \$25 Brand: \$60 Non-formulary: \$150	Generic: Low \$5 / High \$25 Brand: \$60 Non-formulary: \$150	100% coverage after deductible Generic \$0 co-pay Brand \$0 copay	100% coverage after deductible Generic \$0 co-pay Brand \$0 copay
Mail Order – up to 93-day supply	Generic: Low \$15 / High \$75 Brand: \$180 Non-formulary: \$450	Generic: Low \$15 / High \$75 Brand: \$180 Non-formulary: \$450	100% coverage after deductible Generic \$0 co-pay Brand \$0 co-pay	100% coverage after deductible Generic \$0 co-pay Brand \$0 co-pay
Preventive Rxplus			100%	100%
Specialty – up to 31-day supply from designated specialty pharmacy	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible

Retail Pharmacy: Participants in each of the plans will pay a co-pay based on the tier of the drug purchased. The HDHP plans include a Preventive RxPlus benefit.

This benefit allows participants to pay a co-pay for generic and brand name medications as long as the medications are listed in the RxPlus preventive drug list. For other prescription drugs, participants in the HDHP plans are responsible for the full cost until the deductible has been met.

All plans have an out-of-pocket maximum. Once the out-of-pocket maximum is met, drugs are then covered at 100% for the remainder of the calendar year.

Mail Order Pharmacy: Participants in each of the plans offered can utilize the mail order pharmacy for maintenance medications.

Mail order provides the convenience of receiving a 3-month supply mailed directly to your home. Participants in the copay plans will receive a 3-month supply for three co-pays. It is important to note that under the High Deductible Health Plans, only the preventive RxPlus drugs have co-pays. For all other medications, participants in the DHP plan are responsible for the full cost until the deductible is met.

Generic Drugs: Generic medications are available once the patent expires on a brand-name drug. Each brand name drug and its generic equivalent share the same chemical ingredients and are often made by the same manufacturer. However, you pay more for the brand-name because their prices include the cost of development and marketing.

Important Information

Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive RxPlus

Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive RxPlus

The HSA Preventive Maintenance Drug Benefit allows you to receive preventive medications at a copay.

Preventive medications are defined as those medications taken by a person who has developed risk factors for a health condition, or to prevent a previous health condition from showing up again.

*To qualify for the HSA preventive benefit, the maintenance medication **MUST** be prescribed for the condition (category) in which it is listed on the HealthPartners' Preventive Drug List.*

The full list is available on the HealthPartners website at www.healthpartners.com

Premium Cost for Health Coverage

MCAD contributes to your premium. Rates are shown per month and per-pay period and are effective January 1, 2025

Open Access + Mayo Clinic

Plan / Tier	Open Access + Mayo Clinic Network			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$909.14	\$706.32	\$202.82	\$101.41
Employee + Spouse	\$2,500.16	\$988.58	\$1,511.58	\$755.79
Employee + Child(ren)	\$1,727.37	\$1,130.37	\$597.00	\$298.50
Family	\$2,772.89	\$1,412.64	\$1,360.25	\$680.12
Plan Two (Three for Free) \$2,500-75%				
Employee	\$842.71	\$738.25	\$104.46	\$52.23
Employee + Spouse	\$2,317.49	\$1,037.18	\$1,280.31	\$640.16
Employee + Child(ren)	\$1,601.16	\$1,182.00	\$419.16	\$209.58
Family	\$2,570.29	\$1,479.32	\$1,090.97	\$545.48
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$845.67	\$727.31	\$118.36	\$59.18
Employee + Spouse	\$2,325.62	\$1,026.62	\$1,299.00	\$649.50
Employee + Child(ren)	\$1,606.78	\$1,165.56	\$441.22	\$220.61
Family	\$2,579.31	\$1,461.14	\$1,118.17	\$559.08
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$837.73	\$646.28	\$91.45	\$45.72
Employee + Spouse	\$2,128.78	\$907.97	\$1,120.81	\$560.40
Employee + Child(ren)	\$1,501.69	\$1,034.76	\$366.93	\$183.47
Family	\$2,350.09	\$1,295.03	\$955.06	\$477.53

Perform: W/O Mayo

Plan / Tier	Perform Network			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$890.96	\$706.32	\$184.64	\$92.32
Employee + Spouse	\$2,450.16	\$988.59	\$1,461.57	\$730.79
Employee + Child(ren)	\$1,692.82	\$1,130.38	\$562.44	\$281.22
Family	\$2,717.43	\$1,412.64	\$1,304.79	\$652.39
Plan Two (Three for Free) \$2,500-75%				
Employee	\$825.86	\$738.19	\$87.67	\$43.83
Employee + Spouse	\$2,271.14	\$1,037.02	\$1,234.12	\$617.06
Employee + Child(ren)	\$1,569.14	\$1,181.91	\$387.23	\$193.62
Family	\$2,518.89	\$1,479.16	\$1,039.73	\$519.86
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$828.76	\$727.19	\$101.57	\$50.78
Employee + Spouse	\$2,279.11	\$1,026.29	\$1,252.82	\$626.41
Employee + Child(ren)	\$1,574.64	\$1,165.32	\$409.32	\$204.66
Family	\$2,527.73	\$1,460.77	\$1,066.96	\$533.48
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$822.98	\$646.23	\$76.75	\$38.37
Employee + Spouse	\$2,088.21	\$907.83	\$1,080.38	\$540.19
Employee + Child(ren)	\$1,473.66	\$1,034.67	\$338.99	\$169.49
Family	\$2,305.09	\$1,294.89	\$910.20	\$455.10

Achieve: HP/PN

Plan / Tier	Achieve Network HealthPartners & Park Nicollet			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$854.59	\$706.31	\$148.28	\$74.14
Employee + Spouse	\$2,350.15	\$988.59	\$1,361.56	\$680.78
Employee + Child(ren)	\$1,623.72	\$1,130.38	\$493.34	\$246.67
Family	\$2,606.52	\$1,412.65	\$1,193.87	\$596.93
Plan Two (Three for Free) \$2,500-75%				
Employee	\$792.15	\$738.09	\$54.06	\$27.03
Employee + Spouse	\$2,178.44	\$1,036.73	\$1,141.71	\$570.85
Employee + Child(ren)	\$1,505.09	\$1,181.69	\$323.40	\$161.70
Family	\$2,416.08	\$1,478.83	\$937.25	\$468.62
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$794.93	\$726.93	\$68.00	\$34.00
Employee + Spouse	\$2,186.08	\$1,025.60	\$1,160.48	\$580.24
Employee + Child(ren)	\$1,510.37	\$1,164.85	\$345.52	\$172.76
Family	\$2,424.55	\$1,460.01	\$964.54	\$482.27
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$793.47	\$646.14	\$47.33	\$23.67
Employee + Spouse	\$2,007.05	\$907.57	\$999.48	\$499.74
Employee + Child(ren)	\$1,417.59	\$1,034.48	\$283.11	\$141.55
Family	\$2,215.09	\$1,294.61	\$820.48	\$410.24

HealthPartners Additional Perks

Wellness Discounts and Resources

We have a wealth of discounts and resources available for our employees:

- Fitness Programs & Discounts
- Weight & Nutrition Discounts
- Tobacco Cessation
- Bereavement Assistance
- Financial Planning Assistance
- Travel Assistance
- Vision Discounts
- Hearing Discounts
- Alternative Medicine Services
- Virtuwel & Doctor on Demand
- Prescription Support
- Care Line Service
- BabyLine Service
- Behavioral Health Personalized Assistance Line

Your EAP has your back 24/7

Whether you're facing a challenge at work or looking for options to support a sick parent, your EAP is always here to help.

Get support with:

- Adopting a child
- Finding child care
- Grieving
- Making a budget
- Managing stress
- And more!

Employee Assistance Program (EAP)

Find balance with everyday support

Get support and resources to help you in a wide range of stressful situations. It's free and completely confidential.

Use your EAP anytime

Call 866-326-7194 or Log on to hpeap.com using the password hpeap and chat through instant message.

Download the mobile app and use passcode 111032 when creating your account

No crowded waiting rooms. No Driving. See a doctor when you need a doctor.

A virtual visit lets you connect with a nurse practitioner or a doctor from your mobile device or computer. When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions.

Virtual Care Options

HealthPartners offers three in-network options

1. **Virtuwell:** Nurse practitioner
2. **Doctor on Demand:** Chat with a doctor
3. **Teladoc:** Chat with a doctor

Questions ?

Member Services can answer your benefits and coverage questions. Call HealthPartners at 952-883-5000 or 800-883-2177

Online Health Care

24/7 Virtual Care

Save time and money by getting treated for common conditions right from your smartphone, tablet or computer. Your plan covers three options.

Virtuwell (online questionnaire)

Easy. Answer a few questions at virtuwell.com anytime, anywhere.

Fast. Get a treatment plan and prescription from a nurse practitioner in usually just an hour.

Guaranteed. You're only charged if Virtuwell can treat you. Plus, follow-up calls about your treatment are free.

Affordable. Virtuwell visits are a fraction of the cost of walk-in, urgent or primary care visits. Use your member ID card to check your cost at:

virtuwell.com/cost/HealthPartners

Doctor on Demand (video chat)

Convenient. Get started when and where it works for you at doctorondemand.com Video capabilities are required.

Quick. See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.

Affordable. A visit to treat conditions like colds, the flu and allergies and costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.

Teledoc (video chat)

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a pre-existing condition, they're ready to help. Get started at teladoc.com.

Health Savings Account (HSA)

Administered by Employee Benefits Corporation (EBC)

If you enroll in PLAN THREE (HDHP) \$4,000-100% HDHP/HSA Preventive RxPlus or PLAN FOUR (HDHP) \$7,000-100% HDHP/HSA Preventive RxPlus, you can contribute to a Health Savings Account (HSA) on a pre-tax basis through payroll deduction. Annual contributions are limited by federal law depending on the level of health coverage you elect. You can start, stop or change your HSA contribution at any time during the year.

Eligibility For Health Savings Accounts (HSA)

Because of the tax-advantaged nature of an HSA, there are specific eligibility requirements that are important to keep in mind, including:

- You can't be covered by another Non-HDHP (high deductible health plan). For example, if you are also covered by your spouse or partner on a traditional medical plan, you cannot contribute to an HSA.
- You and your spouse can't enroll in a medical Flexible Spending Account (FSA) that could reimburse your MEDICAL expenses. Participation in a limited Flexible Spending Account that covers only dental and vision expenses is allowed.
- You can't be enrolled in a government health plan, such as Medicare A and/or B or Medicaid.
- Children who are not your tax dependents are not eligible for reimbursement from the HSA.
- You may not have an HSA and be claimed as a dependent on someone else's tax return.

Health Savings Account Contributions

Please note, if you enroll in PLAN FOUR (HDHP) \$7,000-100% HDHP/HSA Preventive RxPlus, MCAD will contribute \$100 to your HSA account at the start of the plan year.

Coverage Level	Annual Maximum Contribution	Catch-Up Contribution if Age 55+
Employee	\$4,300	\$1,000
Family	\$8,550	\$1,000

NOTE:

If you are married and your spouse is also enrolled in a HDHP through his/her employer, your combined HSA contributions cannot exceed the federal maximum shown in the table.

USING YOUR HSA

Funds in an HSA can be used to pay for:

- Qualified medical expenses
- Qualified dental, vision and hearing expenses
- COBRA continuation coverage if you leave employment
- Qualified long-term care insurance premiums



Funds can also be used to build savings to cover future medical expenses on into retirement, including Medicare premiums and out-of-pocket expenses.

HSA participants receive an HSA debit card, which may be used to pay for qualified health care expenses directly. Or you may reimburse yourself from your HSA at a later date. You own the amount in your account and may take it with you if you leave MCAD.

MANAGING YOUR HSA

It's easy to manage your HSA using the EBC portal.

You can:

- Check your account balance
- File a claim
- View account activity
- Reimburse yourself
- Designate a beneficiary

You do not need to provide proof of your expense to Employee Benefits Corporation (EBC). However, you should keep your receipts in case you are audited and need to provide proof that your withdrawals were for qualified medical expenses.

Tax reporting is required for the HSA. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account (you do not have to itemize to complete this form).

For additional information, contact EBC's customer service at **800.346.2126** or www.ebcflex.com.

Medical Flexible Spending Account (FSA)

Administered by Employee Benefits Corporation (EBC)

The Medical Flexible Spending Account gives participants in the \$1,500-\$45-75% and \$2,500-75% Three for Free plans the opportunity to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses. Examples of eligible expenses include deductibles and co-pays, prescription drug costs, over-the-counter medicines (if prescribed by a doctor), and other non-covered medical, dental, vision and hearing care expenses.

Participants in the \$4,000-100% Preventive RxPlus or the \$7,000-100% Preventive RxPlus plan can contribute to a Limited Purpose Flexible Spending Account for dental and vision expenses ONLY.

Medical FSA Contribution

You may contribute up to \$3,300 to your Medical FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal “use-it-or-lose-it” law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Only \$660 may be carried over to the next plan year. **Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event.**

Using Your Medical FSA

You can pay for eligible expenses in one of two ways – using the EBC debit card or filing a claim.

Debit card: Use the debit card to pay for eligible health care expenses at the point of service or write your debit card number on your provider’s bill – just as you would a credit card. Funds will be taken directly from your EBC medical FSA account.

FSA claim form: Pay the provider directly and then file a claim for reimbursement. You will need to complete an FSA claim form and submit it to EBC along with your receipts.

Please Note:

Expenses must be incurred between January 1, 2025, and December 31, 2025. You will have until February 28, 2026, to submit claims.

For More Information Visit www.ebcflex.com to:

- File a claim
- Check account balance and claim status
- View account history
- Access forms
- Manage your profile

What is the Difference?

Comparing HSA and Medical FSA

	HSA	MEDICAL FSA
Who can have this plan?	\$4,000-100% HDHP/HSA Preventive RxPlus Plan participants AND \$7,000-100% HDHP/HSA Preventive RxPlus Plan participants	\$1,500-\$40-75% and \$2,500-75% 3 for Free plan participants; \$4,000-100% HDHP/HSA Preventive RxPlus OR \$7,000-100% HDHP/HSA Preventive RxPlus plan participants can have a limited purpose flexible spending account
What is the contribution limit?	Employee: \$4,300 Family: \$8,550	\$3,300
Can I make a catch-up contribution?	Yes, up to \$1,000 if you are age 55+ and not enrolled in Medicare	No
What are the tax advantages?	Contributions are tax-free Investment earnings on balance are tax-free Withdrawals for eligible expenses are never taxed	Contributions are tax-free Withdrawals for eligible expenses are never taxed
What expenses are eligible?	Any out-of-pocket expenses for medical, prescription drugs, dental, vision and hearing	
Can I make a contribution change?	Yes, allowed throughout the year at anytime	Maybe, changes are only allowed if you have a Qualifying Life Event
How can I use the funds?	You can spend them now on eligible health care expenses, or save for future health care expenses	You need to spend them on eligible health care expenses incurred in the year designated
Is there a time limit for using fund balance?	No limit	You must file your calendar year claims by February 28th
Can I roll-over my unused funds from year to year?	Yes	Yes – Typically, \$660 may be carried over. Amounts over \$660 will be forfeited (use-it-or-lose-it).
What funds are available to reimburse expenses?	Limited to your current account balance	Entire contribution amount elected for the year
Do I need to provide proof of my expense?	EBC does not require proof; if you are audited, the IRS will require proof.	Yes, proof is required by EBC

Dependent Care FSA

Administered by Employee Benefits Corporation (EBC)

The Dependent Care Flexible Spending Account (FSA) allows employees to set aside pre-tax dollars to pay for eligible dependent daycare expenses. Contributions are automatically deducted from your paychecks on a pre-tax basis, saving you money by not paying federal, state or Social Security taxes on the portion of your income that you contribute to the plan.

How The Dependent Care FSA Plan Works

This account is for eligible work-related daycare expenses. Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care. You can use the funds to pay for daycare, preschool, summer camp, before/after school programs or eligible senior centers while you (and your spouse) are actively working or attending school. The primary purpose should be to provide for the dependent's well-being and protection. Education-focused expenses that can be separated from daycare expenses are not eligible. By law, any unused funds are forfeited after year-end. **You may not carry a balance over to the next year. So, estimate your eligible expenses carefully and conservatively.**

Dependent Care FSA Contributions

You may contribute up to \$5,000 (\$2,500 if married and filing separately) to your Dependent Care FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal "use-it-or-lose-it" law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. **Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event.**

Using Your Dependent Care FSA

When you have incurred dependent care expenses, you must submit a claim for reimbursement – along with proof of the expense. The claim form can serve as a receipt for payment if you have your provider sign the Provider Certification section of the form. Or, you can attach a third-party receipt or billing statement as proof of the expense (canceled checks are not acceptable). **The form requires that you provide the federal tax identification number of each provider.**

Please Note:

Expenses must be incurred between January 1, 2025, and December 31, 2025. You will have until February 28, 2026, to submit claims.

For More Information Visit www.ebcflex.com to:

- File a claim
- Check account balance and claim status
- View account history
- Access forms
- Manage your profile

Dental Insurance

Administered by HealthPartners

How The Plan Works

Plan participants have the flexibility to see any dentist they choose. But greater discounts and benefits are available by seeing an in-network dentist. The provider options are:

In-Network – contracted providers in HealthPartners Open Access network; better discounts

Out-of-Network – all other providers; no negotiated discounts

Benefit Summary

Dental Service	Open Access Network	Out-of-Network
Diagnostic and Preventive: Exams & cleanings; x-rays; fluoride treatments; space maintainers; sealants	Covered at 100%	Covered at 80%
Basic I Services: Fillings, simple extractions; endodontics; non-surgical periodontics	Covered at 80%	Covered at 50%
Basic II Services: Surgical periodontics; other/complex oral surgery	Covered at 80%	Covered at 50%
Major Restorative: Crowns, inlays	Covered at 60%	Covered at 50%
Prosthetics: Dentures, bridges, & dental implants	Covered at 60%	Covered at 50%
Orthodontics: For covered dependents under age 19	Covered at 50% up to \$1,500 lifetime maximum	Covered at 50% up to \$1,500 lifetime maximum
Annual Deductible	None	\$50 Single \$150 Family
Annual Plan Maximum	\$1,500	\$1,500 combined
*Children 12 and under enrolled in the HealthPartners Dental plan receive 100% coverage for ALL dental care (except for orthodontic treatments) through the Little Partners Dental Program. Please see HealthPartners Enrollment Guide for more specific details.		

Cost of Dental Coverage

Rates are shown per month and per-pay period and are effective January 1, 2025.

Plan Tier	Open Access Network	
	Total Monthly Premium	Employee Premium Cost Per Pay Period (24)
Employee	\$36.72	\$18.36
Employee + Spouse	\$72.69	\$36.35
Employee + Child(ren)	\$73.80	\$36.90
Family	\$119.62	\$59.81

Finding a Dentist

To check if your current dentist is in-network and/or to find in-network preferred providers, go to www.healthpartners.com and select the Open Access Network.

Enter your zip code and the distance you are willing to travel or you can also call 952.883.5000.

For more plan information, such as cost of dental procedures, claims information, or to print an ID card, go to www.healthpartners.com

Vision Insurance

Administered by EyeMed

This plan features coverage for prescription glasses and contact lenses, as well as other vision-related items. Please note, routine annual vision exams are also provided through your HealthPartners medical plan as a preventive appointment as long as you use an in-network provider.

How The Plan Works

You have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the EyeMed Insight network.

Please Note:

By using an in-network provider, you may also receive discounts for services not otherwise covered by the vision plan (e.g., sunglasses and laser vision correction).

Benefit Summary

	EyeMed Insight Network	Out-of-Network
Exams Services		
Exam	\$10 co-pay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
Eyeglass Lenses*		
Standard Single Vision	\$10 co-pay	Reimbursed up to \$30
Standard Bifocal	\$10 co-pay	Reimbursed up to \$50
Standard Trifocal	\$10 co-pay	Reimbursed up to \$70
Standard Lenticular	\$10 co-pay	Reimbursed up to \$70
Standard Progressive	\$65 co-pay	Reimbursed up to \$50
Premium Progressive		
Tier 1	\$95 co-pay	Reimbursed up to \$50
Tier 2	\$105 co-pay	Reimbursed up to \$50
Tier 3	\$120 co-pay	Reimbursed up to \$50
Tier 4	\$185 co-pay	Reimbursed up to \$50
Frames	\$0 co-pay; \$130 allowance; 20% off balance over \$130	Reimbursed up to \$91
Contact Lenses		
Conventional	\$0 co-pay; \$130 allowance; 15% off balance over \$130	Reimbursed up to \$91
Disposable	\$0 co-pay; \$130 allowance	Reimbursed up to \$91
Medically Necessary	\$0 co-pay; Paid-in-full	Reimbursed up to \$210
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A
Frequency	Exams, Lenses or Contact lenses: Once every 12 months** Frames: Once every 24 months	

Cost of Vision Coverage

Rates are shown per month and per-pay period and are effective January 1, 2025.

Plan Tier	Insight Network	
	Total Monthly Premium	Employee Premium Cost Per Pay Period (24)
Employee	\$7.79	\$3.90
Employee + Spouse	\$14.80	\$7.40
Employee + Child(ren)	\$15.58	\$7.79
Family	\$22.90	\$11.45

For more information

To find network providers, view your benefits and claims information or see special offers, visit your custom Virtual Benefit Fair, click on the link below and enter the password "RR873PBB". [Virtual Benefit Fair](#)

Curious about Lasik?

Access a list of Lasik providers at www.eyemedlasik.com

Life and AD&D Insurance

Administered by New York Life

What The Plan Provides

Eligible employees automatically receive the basic portion of the Life and AD&D benefit – there are no choices to be made. Any benefits paid out are tax-free to the recipient.

Voluntary Life and AD&D

How the plan works

You select the level of coverage and who you want to cover – yourself, your spouse and/or your dependent children.

New hires may elect up to the guarantee issue amounts without having to submit evidence of insurability. Existing employees making an increase or enrolling for the first time will be subject to evidence of insurability.

Life benefits are payable to your designated beneficiary in the event of your death while actively enrolled in the plan. An additional AD&D benefit is payable to you in the event of a covered dismemberment or to your beneficiary if your death is the result of an accident.

Please Note:

You must purchase coverage for yourself in order to elect coverage for your spouse and/or child(ren). Children are eligible to participate up to age 26.

Feature	Basic Term Life/AD&D	Voluntary Life/AD&D		
		Employee	Spouse	Child(ren)
Benefit Amount	1 x annual salary up to a maximum of \$50,000	Up to \$300,000; increments of \$10,000	\$150,000, may not exceed 50% of the employee amount in increments of \$5,000	\$20,000
Guarantee Issue*	Up to \$100,000	\$100,000	\$50,000	\$20,000
Employee Age Reduction	<p>At age 65, benefits will reduce to 65%</p> <p>At age 70, benefits will reduce to 40%</p> <p>At age 75, benefits will reduce to 15%</p>	At age 70 , benefits will reduce to 50%		

*Guarantee Issue (GI) refers to the amount of coverage you can purchase without providing evidence of good health.

Premium Cost of Voluntary Life AD&D Coverage

Employee and Spouse Voluntary Life/AD&D Per Month – Per \$1,000 of Coverage										
Age	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Employee & Spouse Life	\$0.115	\$0.122	\$0.130	\$0.190	\$0.290	\$0.480	\$0.760	\$1.130	\$1.730	\$1.990
Dependent Child(ren)	\$0.18 per \$1,000 for Life									

Short-Term & Long-Term Disability

Administered by New York Life

Short Term Disability (STD) and Long-Term Disability (LTD) insurance is available to all benefit eligible employees. Disability benefits are programs that continue a portion of your salary in case of lost time due to medical disability.

Employees must submit a Physician's Statement of Disability and a Claim Statement as soon as possible stating the nature and dates of disability with return-to-work date and any restrictions that may apply.

Short -Term Disability Benefit Summary

Feature	
Weekly Benefit Amount	60% of your weekly covered earnings
Maximum Weekly Benefit	\$2,000
Benefit Waiting Period	14 days for accident 14 days for injury
Maximum Benefit Period	11 weeks (includes waiting period)

TAX IMPLICATIONS: Short Term Disability is a fully employer paid benefit! STD premiums ***are taxed*** as a default option.

Long-Term Disability Benefit Summary

Feature	
Weekly Benefit Amount	60% of your monthly covered earnings
Maximum Weekly Benefit	\$6,000
Benefit Waiting Period	90 days
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA)

TAX IMPLICATIONS: Long Term Disability continues to be a fully employer paid benefit. LTD premiums ***are not taxed*** as a default option. You will pay taxes on the benefit amount if you go out on disability.

New York Life Additional Perks

New York Life Group Benefit Solutions (NYL GBS) provides the following enhancements to our benefit programs at no additional cost to you or your family members.

Counseling and wellbeing support

Counseling sessions for everyday challenges such as:

- Caring guidance for personal concerns
- Three face-to-face, confidential counseling sessions per issue per year
- Solution-focused therapy across full spectrum of emotional health issues – anxiety, depression, grief, stress, relationships, etc.
- Highly experienced and qualified providers; master’s-level and Ph.D.-level degrees
- Referrals to comprehensive legal, financial, and work-life support and resources

Well-being coaching sessions: Preventative and holistic support

Five coaching sessions by phone or virtually, with one of our behavioral change specialists to provide support with life stressors, transitions, and everyday challenges such as:

- Burnout
- Developing self-compassion
- Dealing with competing priorities
- Time management

Employee Assistance & Wellness Support.

Whatever life throws at you, throw it our way.

Life Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master’s or PhD-level counselor who will collect some general information and will discuss your needs. The Life Assistance Program provides a maximum of three sessions, per issue, per year.

GuidanceResources®

When you need information quickly to help handle life’s challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and “Ask the Expert” which provides personal responses to your questions.

Well-being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address

health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

FamilySource®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

EstateGuidance®

Step by step legal documents.

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively.

EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app. EstateGuidance documents include:

- Last Will and Testament – the central component of every estate plan
- Living Will – spells out end-of-life medical decisions
- Final Arrangements – specifies burial or cremation; funeral or memorial service options

Financial, Legal & Estate Support.

Solutions for all your financial and legal challenges.

FinancialConnect®

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect® you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on guidanceresources.com, you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

LegalConnect®

If you are facing a difficult legal challenge and don't know where to start, LegalConnect® can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.

Questions

Phone: (800) 344-9752

Website: guidanceresources.com | Registration Web ID: NYLGBS

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.

Financial Connect, Legal Connect, and Estate Guidance and Guidance Resources are registered trademarks of ComPsych Corporation.

All programs are effective for the member/participant on the first day of coverage.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America or New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

Transportation Benefits

Administered by MCAD

There are a variety of options for students, visitors and employees to reduce their carbon footprint when traveling to and from campus. MCAD offers convenient access to discounted Metrotransit passes for employees, NICE RIDE bike availability near campus, free carpool and vanpool parking, and the sponsored installation of the HOURCAR.

Metro Pass Program- What the plan provides

With Metropass, you gain access to deeply discounted, unlimited-ride transit passes for bus, train, and commuter rail! This flexible program allows you to pay for only those passes that are in use on a monthly basis. Benefit eligible employees can participate in the Metropass program on the first of the month following your date of hire. You can enroll in the Metropass program at any time. If enrollment is received by the 15th of the month, your Metropass will be effective the 1st of the following month.

Metropass plan rates

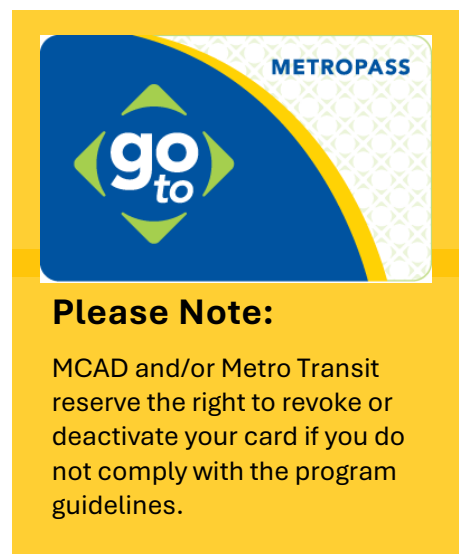
Metropass is currently \$83 per month. Rates may change. MCAD will subsidize \$35 a month of this cost; the cost to the employee is \$48 per month, or \$24 per pay period. This cost will be deducted on a pre-tax basis from the first and second payroll check of each month, saving you approximately 30% by avoiding state, federal and social security tax on this benefit.

Lost or stolen cards, and cancelling enrollment

If your card is lost or stolen, please contact benefits@mcad.edu as soon as possible. Please note that should you need a replacement card more than once, there is a \$5.00 fee to replace the card fee for each new card. Your enrollment can also be cancelled upon request.

Guaranteed ride home program

Metropass participants are eligible for the Guaranteed Ride Home Program, offered through Metro Transit. Enrollment can be done at <https://www.metrotransit.org/guaranteed-ride-home>.



Where to Park On Campus (Campus and Parking Map):

There are unrestricted parking spots on the streets surrounding the campus. The MCAD parking lot (Lot C) is located at 2572 2nd Ave S, the intersection of 26th Street East and Second Avenue South. Month-to-month parking contracts are available to any staff at the Minneapolis Institute of Art (Mia) ramp at 2400 3rd Ave S. For rates and information, check out the [Mia parking site](#).

- Lot A- Main-entrance Parking
- Lot B - Restricted/Assigned Parking
- Lot C - Hourly Parking
- Lots D and E – Restricted/Assigned Parking.
- The Hive Indoor and Surface – Restricted/Assigned Parking

Parking Rates for Lot C:

- \$0.25 per hour for MCAD Commuters with ID (when signed up for the subscription)
- \$6 flat rate for Guest and General Public.

Please Note:

*MCAD is required by the City of Minneapolis to charge for parking. The College reserves the right to alter the parking rates at any time and without notice.

Parking Resources

[Pay for parking](#)

[Parking Policies and Procedures](#)

Personal Safety Tips

- Lock all vehicle doors and close all windows tightly.
- Do not leave valuable items in the vehicle, especially in plain sight.
- Park in a well-traveled, well-lit area.
- Do not leave your vehicle on city streets in one spot for several days without checking on it.
- Report crimes or suspicious individuals to Campus Safety.
- Report ice or maintenance problems to the Facilities Office or Campus Safety.
- Notify Campus Safety when your vehicle becomes disabled and it will need to stay in any MCAD parking area overnight.
- Drive slowly through the parking lot and side streets, and watch for children!
- Look under, around and in the backseat of your vehicle as you approach it.
- Don't walk alone at night. Call or text Campus Safety 612- 874-3801 for an escort.
- Don't walk with headphones covering your ears! You can't hear individuals approaching you.
- Always lock your bike. Any lock is better than nothing, but a U-Lock is the recommended type to use.
- Bring an inexpensive bike to campus.
- If you have quick-release hubs, don't forget to lock your wheels and seatpost.
- Write down your bike's serial number for matching in case of theft.
- Alert the Campus Safety of suspicious activity.

Qualified Bicycle Commuting Reimbursement Program

What the plan provides

MCAD will reimburse you for reasonable expenses incurred to purchase a bicycle and for bicycle improvements, bicycle repair, and bicycle storage – up to \$20 per month. This reimbursement is taxable.

Employee eligibility

You are eligible to participate in the Qualified Bicycle Commuting Reimbursement Program on the first of the month following your date of hire if you are benefit eligible. *Adjunct Faculty are also eligible for this benefit!

How the plan works

Contact HR to enroll. Ride your bike to work. Track your rides. Record any bicycle related purchases. Submit requests for reimbursement.

Details

The maximum reimbursement for a calendar year is the lesser of: Your total bicycle expense for the calendar year, or \$20 multiplied by the number of bicycle commuting months in the calendar year.

Requests for reimbursement must be received no later than March 15 of the year following the calendar year in which you incur the expenses. Your reimbursement amount will be based on the number of bicycle commuting months you had in the year you made the purchase. Your request is complete only if you include the claim form with your signature and receipts of your eligible expenses.

Expenses can occur at any time during the year. You don't have to submit reimbursement forms on a monthly basis – you may turn in a single reimbursement request after the end of the year. Each calendar year is looked at separately for purposes of the reimbursement. Expenses must be incurred in the same year that you earn the reimbursement.

Only the month of your active employment can be bicycling commuting months. Any month during which you are not required to come to MCAD's campus is not a bicycle commuting month. A bicycle commuting month is a month that you regularly used your bicycle for a substantial portion of the travel between your residence and MCAD. A substantial portion of the travel means no less than 50% of your monthly commute.

Any month that you receive reimbursement for parking expenses under the Pre-Tax Parking Account, use a Metropass, or pay for a reserved parking space, cannot be counted as a bicycle month. You will receive reimbursement by check. Please allow two weeks for processing

Other Transportation / Parking Resources

Administered by MCAD

Bike and Scooter Share

Through the equitable distribution of shared electric bicycles and scooters, [Lime](#) aims to reduce dependence on automobiles for short distance transportation, leaving a cleaner, healthier planet.

Car Share

MCAD is a hub for [HOURCAR](#), a non-profit car company for hourly rentals. Available cars can be found on the alley side of the 2537 Apartment Building and checked out by members on a scheduled basis.

Additional Benefits

Administered by MCAD

Tuition Benefits

Full-time employees employed for at least six months and part-time employees employed for at least one year are eligible for tuition benefits. Employees and their dependents may be eligible for one or more of the following:

MCAD Tuition Waiver Program

This program allows employees or their dependents to take courses at MCAD. Employees are eligible to waive tuition for one three-credit course per semester. Dependents are allowed to waive tuition up to a full course load each semester.

Requests for tuition waivers and tuition reimbursement forms should be directed to the Office of Human Resources. Tuition waiver requests must be completed each semester, or you will be charged for the class. The form below is to be used by MCAD employees in requesting a tuition waiver for themselves to take one class per semester, as well as for employee or their dependents to attend the MCAD Graduate or Undergraduate Program, if admitted to those programs.

[Online Tuition Waiver Form](#)

Tuition Reimbursement Program

Once they have met the eligibility requirements, employees are eligible to participate in the Tuition Reimbursement Program. Courses directly relevant to an employee's current position, taken at an accredited, non-MCAD institution will be reimbursed up to \$5,250 per fiscal year. This is for tuition only; fees, materials, books, etc. are not eligible.

There may be situations where the number of eligible applicants exceeds the College's budgeted amount for tuition reimbursement. In this case, the reimbursement may be given on a pro rata basis.

[Tuition Reimbursement Form](#)

Tuition Exchange Scholarship Program

Tuition Exchange is a reciprocal educational scholarship program. Over 600 schools, including MCAD, participate in the Tuition Exchange Scholarship Program. This program is for dependents and is managed by Tuition Exchange. The student must apply and be accepted into the school separately from the Tuition Exchange Scholarship Program.

For more details, Tuition Exchange put together [a 15 minute video](#) giving an overview of the program.

Public Service Loan Forgiveness (PSLF)

As a not-for-profit organization, MCAD employees may be able to receive loan forgiveness under the **Public Service Loan Forgiveness (PSLF) Program**. PSLF forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

Paid Time Off

Encouraging Employees to Take Time Off

Benefit-eligible employees may enjoy many paid time off benefits. More details can be found in the Employee Handbook. These benefits include:

- Earned Sick and Safe Time (ESST) (All employees)
- Paid Holidays and Winter Break (Faculty and Staff)
- Summers off (Faculty) and Summer Days (Staff)
- Generous Vacation, Volunteer Time Off, and Personal Holidays (Staff)
- Paid Family Medical and Extended Illness Leave

College Holidays & Personal Holidays

All regular full-time and part-time benefits eligible staff are currently eligible for fourteen (14) paid holidays and up to two (2) personal holidays. [Holiday Calendars can be found here.](#)

For more information on the specifics of these benefits, please refer to the Staff Handbook, Full Time Faculty Institutional Policies Handbook, and Adjunct Faculty Handbook.

Working Advantage Benefits

ENROLL TODAY: Your Working Advantage Benefits- Start Saving Now!

Your work-life balance and general well-being are as important to us as the work you contribute. That's why we're excited to offer your Working Advantage Discount Program, your one-stop shop for exclusive and convenient savings on the products, services, and experiences you know and love.

It's cost-free and easy to enroll. Visit [Working Advantage](#) and use the company code MCADPERKS to begin receiving discounts on:

- Financial Planning
- Health and Fitness
- Electronics
- Appliances
- Theme Parks
- Hotels, Flights, & Cruises
- Movie Tickets
- Rental Cars
- Gift Cards
- Apparel
- Cars
- Flowers
- Fitness Memberships
- Groceries
- Special Events
- And more!

Walker Art Center Partnership

Thanks to our partnership with the Walker Art Center, employees to enjoy complimentary admission! Simply present your MCAD ID to access the Walker Art Center for free.

403(b) Retirement Plan

Administered by TIAA

Helping you grow a secure financial future so you can enjoy your retirement years.

MCAD offers both a 403(b) retirement savings plan and a Supplemental Retirement Account (SRA) retirement savings plan.

There are two ways employees can contribute: The Supplemental Retirement Account (SRA) and the 403(b) Match.

The SRA allows eligible employees to contribute to their retirement plan. Any employee, who is not a student worker, can contribute to their retirement goals through the SRA. This plan gives employees the option to begin contributing to retirement prior to meeting 403(b) match eligibility or it can be used as a supplement to the 403(b) plan.

To be eligible for the 403(b) plan, an employee must work the required number of qualifying hours with MCAD for two consecutive years or sign a service waiver.

For current fund choices and investment options go to www.tiaa.org or call 800.842.2755.

Benefit Glossary

Coinsurance: Coinsurance is the rate at which you and the plan share expenses. For example, 75% coverage indicates 75% of the cost is paid by the plan and it is your responsibility as a participant to pay the remaining 25% of the cost of service. The coinsurance rates vary depending on the medical plan and whether the services are incurred in-network or out-of-network. (Note: coinsurance shown in other documents may indicate the participant's coinsurance percentage rather than the plan's percentage.)

Copay: The fixed dollar amount you pay for specific services. After you pay this amount, the plan pays the rest of the cost of your service or prescription.

Deductible: The annual amount you must pay for non-preventive services before the plan starts to pay benefits.

Embedded Deductible: The IRS regulates the minimum deductible level at which a high deductible health plan may have an embedded deductible. Plans with an embedded deductible have a single deductible "embedded" within the family deductible to help limit an individual's expenses. This means that if one person in a family meets the single deductible, the plan coinsurance would start. Without an embedded deductible, one person in a family would need to meet the entire family deductible before the plan coinsurance would go into effect.

Flexible Spending Account (FSA): An account that an employee may contribute to in order to pay for certain expenses on a pre-tax basis. An employee can have a medical flexible spending account to pay for medical, dental, vision and hearing expenses (limited to dental, vision and hearing if you also have an HSA) and/or a dependent care flexible spending account to pay for dependent care expenses. Use-it or lose-it rules apply.

Health Savings Account (HSA): A savings account used in conjunction with a high deductible health insurance policy that allows users to save money tax-free against medical expenses. Funds roll over from year to year.

Out-of-Pocket Maximum: For your protection, both plans have annual out-of-pocket maximums that "cap" the amount you must pay toward covered expenses. Once you meet your out-of-pocket maximum, the plan pays 100% of your covered expenses for the rest of the calendar year. Deductibles, co-pays and coinsurance count toward your out-of-pocket maximum. Out-of-pocket maximums differ for in-network and out-of-network services.

Pharmacy Formulary: A list of prescription drugs used by practitioners to identify drugs that offer the greatest overall value. A team of physicians and pharmacists regularly reviews new and existing drugs to be sure the Preferred Drug List continues to meet the needs of members and providers. Drugs may be added to the list at any time during the year; however, HealthPartners strives to limit removing drugs to no more than twice a year. If a change to the list affects a drug you are taking, HealthPartners will send you a letter telling you about the change.

Premium: The amount you pay out of your paycheck toward the cost of coverage.

Preventive Care: Routine preventive care is critical to maintaining your health and uncovering problems early. All MCAD's medical plans cover certain preventive services at 100% (no deductible or co-pay) from in-network providers. Services include annual wellness exams and certain screenings based on age for you and your covered dependents.

Prior Authorization: Prior Authorization approval is needed by HealthPartners for coverage of a certain medications, services or supplies. Medications that require Prior Authorization are noted on the Preferred Drug List with a "PA" next to the drug name. Examples of services or supplies that require Prior Authorization are listed in your Certificate of Coverage. To verify whether a specific service or supply requires prior authorization, call Customer Service. As a provider in the HealthPartners network, your doctor will know how to request Prior Authorization.

Step Therapy: Step Therapy is a program focused on using cost-effective prescription drugs as first-line treatment when appropriate. The program is used for certain conditions where there are many treatment options available. Drugs that require Step Therapy are noted on the Preferred Drug List. In Step Therapy, you try the preferred (Step 1) drug or drugs first. Step 1 drugs are cost efficient and effective options. If the Step 1 drug isn't effective, you can then try the Step 2 drug. In some cases, you may need to try more than one Step 1 drug before trying a Step 2 drug. If you don't try the Step 1 drug or drugs first, then a Step 2 drug won't be covered. Your doctor can request an exception to this process.

Usual and Customary (U&C): Payment for health care services received out-of-network is based on the U&C rates. The rate will be used to determine how much will be paid for a specific service. When out-of-network, you are responsible for the difference between what your provider charges and what the plan considers U&C, plus any co-insurance. The amount above and beyond the U&C rate is your responsibility and does not count towards the plan deductible or the out-of-pocket maximums.