



2019 employee benefits
YOUR GUIDE. YOUR ADVOCATE.



BENEFITS OVERVIEW

Metropolitan St. Louis Sewer District is proud to offer a comprehensive benefits package to eligible, full-time employees. You will receive plan booklets, which give you more detailed information about each of these programs upon hire.

You share the costs of some benefits (Medical, Dental), and MSD provides other benefits at no cost to you (Basic Life and Accidental Death & Dismemberment (AD&D), and Long-Term Disability). In addition, there are voluntary benefits (Voluntary Life and AD&D, Legal Services Plan, Accident, Hospital Indemnity and Critical Illness) with reasonable group rates that you can purchase through MSD payroll deductions.

The 2019 plan year will have only 11 months of service since the plan year for 2020 will change from February 1, 2020 to January 1, 2020.

Benefit Plans Offered

- Medical
- Dental
- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Flexible Spending Account (FSA)
- Voluntary Life and AD&D
- Long-Term Disability
- Legal Services Plan
- Voluntary Benefits
 - Accident
 - Hospital Indemnity
 - Critical Illness

Eligibility

You and your dependents are eligible for MSD's benefits upon 30 days of employment.

Eligible dependents are your spouse, children under age 26, or disabled dependents of any age.



MEDICAL BENEFITS

Administered by Cigna

MSD offers you a choice of a PPO or a High Deductible (HDHP) medical plan. Both plans include prescription drug coverage and one annual refractive eye exam with an optometrist.

	Open Access Plan (PPO)		High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	\$600 single / \$1,200 family	\$1,800 single / \$3,600 family	\$1,500 single / \$3,000 family	\$4,500 single / \$9,000 family
Annual Out-of-Pocket Maximum (including deductible, coinsurance, and copays)	\$3,000 single / \$6,000 family	\$9,000 single / \$18,000 family	\$4,500 single / \$9,000 family	\$13,500 single / \$27,000 family
Coinsurance	80% / 20%	60% / 40%	80% / 20%	60% / 40%
DOCTOR'S OFFICE				
Primary Care Office Visit/Telemedicine	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%
Specialist Office Visit (including Urgent Care)	\$35 copay	Deductible then 60%	\$35 copay	Deductible then 60%
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% covered	Covered In-Network only	100% covered	Covered In-Network only
PRESCRIPTION DRUGS				
Retail—Generic Drug (31-day supply)	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Retail—Formulary Drug (31-day supply)	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Retail—Nonformulary Drug (31-day supply)	\$70 copay	\$70 copay	\$70 copay	\$70 copay
Mail Order—Generic Drug (90-day supply)	\$37 copay	Not covered	\$37 copay	Not covered
Mail Order—Formulary Drug (90-day supply)	\$87 copay	Not covered	\$87 copay	Not covered
Mail Order—Nonformulary Drug (90-day supply)	\$175 copay	Not covered	\$175 copay	Not covered
HOSPITAL SERVICES				
Emergency Room	\$200 copay, waived if admitted		\$200 copay, waived if admitted	
Inpatient	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Outpatient Surgery	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Ambulance Service	100%		100%	

	Open Access Plan (PPO)		High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES				
Inpatient Services	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Outpatient Services	\$35 copay	Deductible then 60%	\$35 copay	Deductible then 60%
OTHER SERVICES				
All Other Maternity Hospital/Physician Services	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Muscle Manipulation Services 26 day annual maximum benefit	\$35 copay	Deductible then 60%	\$35 copay	Deductible then 60%
Physical Therapy Services 60 days per calendar year	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%
Occupational and Speech Therapy Services 20 days per calendar year per therapy type	\$25 copay	Deductible then 60%	\$25 copay	Deductible then 60%
Skilled Nursing 120 days per calendar year combined with other care facilities	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Vision Exam One Eye Exam per calendar year Materials are not covered	\$25 copay	Covered In-Network only	\$25 copay	Covered In-Network only
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$35 copay

Employee Medical Rates	
PPO Traditional	Per Pay Period
Single	\$63.20
Single + Spouse	\$201.96
Single + Child(ren)	\$183.50
Family	\$279.90
High Deductible Health Plan	Per Pay Period
Single	\$41.22
Single + Spouse	\$155.12
Single + Child(ren)	\$140.94
Family	\$214.98



DENTAL BENEFITS

Administered by Cigna

The District offers 2 dental plans. The District contributes \$10 towards the monthly cost of coverage.

	Network Dental Plan		Passive PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$0 single / \$0 family	\$100 single / \$300 family	\$50 single / \$150 family	\$50 single / \$150 family
Annual Benefit Maximum (per person)	\$2,000	\$1,000	\$1,500	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	70%	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	Deductible then 80%	Deductible then 50%	Deductible then 80%	Deductible then 80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Deductible then 50%	Deductible then 80%	Deductible then 50%	Deductible then 50%
Orthodontia Services Lifetime Maximum	\$1,500	\$1,000	\$1,500	\$1,500
Orthodontic Services	50% Covered for children and adults	Deductible then 50% Covered for children and adults	Deductible then 50% Coverage for dependent children under age 19	Deductible then 50% Coverage for dependent children under age 19

Employee Dental Rates	
Passive PPO	EE Cont. / Pay Period
Single	\$17.59
EE + 1	\$40.88
Family	\$69.50
Network PPO	EE Cont. / Pay Period
Single	\$4.84
EE + 1	\$14.74
Family	\$26.92



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Insured by Cigna

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by MSD. The company provides basic life insurance of one times your Annual Compensation up to \$200,000 at no cost to you. Life coverage begins upon 30 days of Active Service.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides benefit payment to you or your beneficiaries if you lose a limb or die in an accident. MSD provides AD&D coverage of one times your Annual Compensation up to \$200,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above. AD&D coverage begins upon 30 days of active service.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Cigna

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to the lesser of two times your salary not to exceed \$500,000, and \$10,000 for your spouse) without answering medical questions if you enroll when you are first eligible. Voluntary Life and AD&D coverage begins after 30 days of Active Service.

Employee – Up to five times your salary in increments of your Annual Compensation; \$500,000 maximum amount

Spouse – \$10,000

Children – \$5,000

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Administered by Tri-Star Systems

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$2,700

Dependent Care Spending Limit \$5,000

Tri-Star Systems is the **administrator** of two individual Flexible Spending Accounts – one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Here's How an FSA Works

1. You decide the annual amount (up to \$2,700 for Healthcare Spending or \$5,000 for Dependent Care Spending) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA. You don't pay taxes on your contributions!
3. You can budget for your large expenses like orthodontia, eyeglasses, and hearing aids, in addition to your medical expenses..
4. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
5. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

Benny Card

Your Benny Card eliminates up-front out-of-pocket cash payments for eligible expenses and the need to file a claim.

At the time that an eligible expense is incurred, participants in the Health Care Reimbursement Account (HCRA) can use the Benny Card (debit card) to pay for unreimbursed health care expenses and/or dependent care expenses with participating providers.

VISION HEALTHCARE REIMBURSEMENT ACCOUNT (HRA)

Administered by Tri-Star Systems

You may use up to \$100 in a plan year (July 1 - June 30) toward the cost of prescription eyewear. You can submit claims on an annual basis for reimbursement of your vision care expenses, not covered by the medical plan, up to \$100 per year. The plan allows you to be reimbursed for certain vision expenses (eyeglasses, contacts, safety glasses and Lasik Surgery/Eye Surgery) which are incurred by you and your enrolled dependents.

You may carry over the balance of the account for up to a maximum of \$300 in a plan year. The money deposited in this account by MSD is provided for your vision expenses. The Vision HRA is administered by Tri-Star Systems.

You may use the vision healthcare reimbursement account for your vision expenses, your spouse's expenses, and expenses for your dependent children up to age 26.



LONG-TERM DISABILITY INSURANCE

Insured by Liberty Mutual

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income. MSD provides Long-Term Disability insurance (LTD) coverage for you at no cost. Your coverage begins upon 30 days of Active Service.

LTD coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings up to \$6,000 per month during the time you are disabled. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.

WORKSITE VOLUNTARY BENEFIT PLANS

In addition to your core benefits, MSD understands that you may want additional coverage to fill the gaps. MSD is offering the following Voluntary Plans to help fill your personal needs.

Accident Insurance

Insured by Voya

Accident insurance provides coverage for a wide variety of accidental injuries, including broken bones, concussions, and burns, and covered events such as medical treatment or hospitalization due to an accident. It pays fixed benefits for events tied to a covered accident and can be used for any purpose you choose.

Hospital Indemnity Insurance

Insured by Voya

Hospital Confinement Indemnity Insurance provides a benefit for eligible hospital confinements. Benefits include a hospital confinement benefits, Critical Care Unit benefits and Rehabilitation Facility benefits. As with Accident Insurance, you choose how to use the benefit you receive.

Critical Illness and Cancer Insurance

Insured by Aflac

Critical Illness insurance provides a lump sum cash benefit when the insured experiences a covered condition. This lump sum payment can be spent on anything – whether it is directly related or not to the critical illness including:

- Medical copays and deductibles
- Mortgage and rent payments
- Other household expenses

Your benefit is paid in full regardless of any other insurance you may have in force. Critical illness typically covers the following:

- Heart Attack
- Stroke
- Cancer
- Variety of other conditions depending on the policy

This coverage is also available for spouses and children. Also included is a wellness benefit that pays the cost of one health screening test per calendar year, up to \$50 maximum.



EMPLOYEE CONTRIBUTIONS FOR BENEFITS (2019)

Benefit Plan	Monthly Participation
OPEN ACCESS PLAN (OAP)	
Employee	\$136.94
Employee + Spouse	\$437.58
Employee + Child(ren)	\$397.58
Family	\$606.45
HIGH DEDUCTIBLE PLAN (HDHP)	
Employee	\$89.30
Employee + Spouse	\$336.08
Employee + Child(ren)	\$305.36
Family	\$465.78
DENTAL PLAN (Cigna)	PASSIVE PPO PLAN
Employee	\$38.12
Employee + One	\$88.58
Employee + Family	\$150.58



Benefit Plan	Rates
Dependent Life Insurance	\$2.23 per employee regardless of number of eligible dependent children
Voluntary AD&D Insurance	Single \$.03 per \$1,000 / Family \$.05 per \$1,000
Hyatt Legal	\$18.25

Voluntary Life Rates	
AGE BAND	RATE PER \$1,000
<25	\$.074
25 - 29	\$.077
30 - 34	\$.102
35 - 39	\$.130
40 - 44	\$.154
45 - 49	\$.228
50 - 54	\$.379
55 - 59	\$.678
60 - 64	\$.952
65 - 69	\$1.799
70+	\$2.915

Group Accident Plan (Voya)	
Employee	\$9.03
Employee + Spouse	\$15.22
Employee + Child	\$17.14
Family	\$23.33

Hospital Indemnity Plan (Voya)	
Employee	\$17.80
Employee + Spouse	\$38.09
Employee + Child	\$28.19
Family	\$48.48



For rates for the Critical Illness Plan (Aflac) please see the Critical Illness brochure.

VACATION ■ SICK LEAVE ■ HOLIDAYS

VACATION

(Eligible to use upon successful completion of original Probationary period. Accrual begins upon hire)

Length of Continuous Service	Monthly Accrual Rate	Annual Accrual	Max. Accumulation at End of Payroll Year
Less than 5 years	.833	10 days	30 days
5 but less than 10 years	1.250	15 days	35 days
10 but less than 20 years	1.666	20 days	40 days
20 or more years	2.083	25 days	45 days

SICK LEAVE

(Eligible to use upon successful completion of three months of service. Accrual begin upon hire)

Length of Continuous Service	Monthly Accrual Rate	Annual Accrual
Up to 5 years	.833	10 days
5 to 20 years	.916	11 days
20 years or longer	1	12 days

HOLIDAYS

(Eligible upon hire)

10 per year		2019 MSD HOLIDAYS OBSERVANCE
NEW YEARS' DAY	January 1	Tuesday, January 1
MARTIN LUTHER KING'S BIRTHDAY	Third Monday in January	Monday, January 21
PRESIDENT'S DAY	Third Monday in February	Monday, February 18
MEMORIAL DAY	Last Monday in May	Monday, May 27
INDEPENDENCE DAY	July 4	Thursday, July 4
LABOR DAY	First Monday in September	Monday, September 2
VETERAN'S DAY	As designated by the Governor of Mo.	Monday, November 11
THANKSGIVING DAY	As designated by the President of the US	Thursday, November 28
THANKSGIVING FRIDAY	The Friday following Thanksgiving	Friday, November 29
CHRISTMAS DAY	December 25	Wednesday, December 25
SPECIAL HOLIDAYS	As designated by the Executive Director and approved by the Board of Directors.	As scheduled & approved in advance.

GOOD ATTENDANCE AND FLOATING HOLIDAY LEAVE

(Eligible upon successful completion of 6 month probationary period)

Employees are entitled to two (2) Floating Holidays Each Payroll Year	
Absences in a Calendar Year	Additional Days to Earn the Following Payroll
3 Days or Less	Earn 1 Floating Holiday
1 Day or Less	Earn 2 Floating Holidays
No Absences	Earn 3 Floating Holidays
Eligibility After 6 Months of Employment for Additional Days	
Status	Days Eligible
Employees hired on or before January 1	3
Employees hired January 2 through March 31	2
Employees hired April 1 through August 31	1
Employees hired after August 31	Ineligible

There is the potential to have up to **5** floating holidays in a payroll year!

RETIREMENT

Administered by Vanguard



Defined Contribution Plan (401a)

The Defined Contribution Plan enables you to save for retirement by combining a Fixed Contribution of 7% contributed by the District with an opportunity for you to make a voluntary contribution to your Deferred Compensation Plan of up to 4% and receive a District Matching Contribution of 50% without paying federal or state income taxes on the contributions or the earnings until it is distributed from the Plan.

Deferred Compensation Plan (457)

The Deferred Compensation Plan enables you to save and invest for retirement without paying federal or state income taxes on the contributions until funds are distributed.

- ❖ Convenient savings through payroll deduction
- ❖ You are 100% vested in the value of your account
- ❖ MSD pays the administrative fee for all participants

Employees are 100% vested in the Employee Voluntary contribution and the District's matching contribution. The District's Fixed Contribution is subject to a 20% per year vesting schedule.

