

Metrorail Safety Commission
April 24, 2018

Agenda Item # 6 – Action

Review and Approval of MSC Employee Benefits

Background Commissioners will be briefed on the various elements of the benefits package and contribution philosophy based on the previous presentation given on April 10th and the preferred package indicated by the Commissioners.

Issues None.

Staff

Recommendation Receive briefing from staff, and approve the MSC Employee benefits package.

MSC Benefits Summary

April 2018

#	Benefits	Employer Contribution Philosophy	Rationale/Notes
1	Holidays and Paid Time Off (PTO) <u>CEO: 10 Federal Holidays with 21 paid days</u> <u>Staff: 10 Federal Holidays with 15 paid days</u> <u>Accrual for all:</u> Additional PTO accruals available after 2 years of employment: 3 to 5 years of service accrues an additional week of PTO. 5 to 10 years of service earns an additional week of PTO. Each 5 year service band thereafter earns an additional week of PTO, with the total accrual cap at 6 weeks.	Employee normal pay rate. No payout at termination; will write policy to reflect same.	This would be treated as paid time off for any use, not separate sick and vacation banks. Recommend award at start of fiscal year (prorated for hires and terminations) with up to 1 week carryover to subsequent fiscal year.
2	Medical As provided by Health Care Coalition plans. Service provider - United Health Care. Two options - CHOICE (HMO w/\$250/\$750 deductible) or CHOICE PLUS (PPO w/\$500/\$1250 OR \$1000/\$2500 out of network deductible).	80% across all tiers/plans	These are recommended because they are proven entities designed for the DMV with local assistance of any issues arising. These plans are immediately available and UHC plans are comprehensive. The fee to join the Coalition is reasonable and if it is the will of the Commission to review at the next annual enrollment period they can certainly do so. Summaries of both plans available upon request.
3	Dental Service provider - TBD. The plan will be standard 100/80/50 with at least \$1k annual coverage	80% across all tiers (Employee / Employee+1 / Employee+Family)	Commissioners chose to subsidize the benefit at the same rate as the medical plan. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
4	Vision Service provider - TBD. The plan will be standard 12/12/24 coverage for exams, lenses and frames/contacts with at least \$100 frames	80% across all tiers (Employee / Employee+1 / Employee+Family)	Commissioners chose to subsidize the benefit at the same rate as the medical plan. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
5	FSA Up to \$2600 pre-tax employee contribution for Medical FSA and up to \$5000 pre-tax employee contribution for Dependent Care FSA	MSC pays plan fees, employee makes contribution to account, no MSC contribution to account balance	MSC supporting employees by offering the option and paying administrative fees. MSC will not offer additional contributions to the account balances themselves, these are completely employee paid. The service will is likely to be administered by the PEO selected.
6	Transit Benefit Up to \$260 per month to transit account	MSC subsidizes up to \$260 per month	May use transit card for parking at MARC; VRE; MTA Commuter Bus; and hundreds of Vanpools as well as Metro AND Lyft Line and Uber Pool among other options. Unused funds returned to MSC. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
7	STD 2 week waiting period, 60% income replacement value to \$1000 weekly limit, 11 weeks of coverage max	Paid in full by MSC	Paid in full by MSC. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
8	LTD Pre-ex applied, 60% replacement value to \$5000 per month, payout determined by medical assessment of insurer	Paid in full by MSC	Paid in full by MSC. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
9	Life Insurance <u>CEO: Basic 1.5 X annual salary with additional Accidental Death & Dismemberment (ADD) of equal amount.</u> <u>Staff: Basic 1 X annual salary with additional ADD of equal amount.</u>	MSC pays	MSC pays. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
10	Supplemental and dependent life Supplemental life insurance - Up to \$500,000 in coverage as well as additional ADD. Guaranteed issue is \$200,000 for employees, \$25,000 for spouse, \$10,000 for children. Maximum for spouse is whatever the employee takes.	Employee pays	The insurance carrier offering this benefit is likely to be provided by the PEO selected.
11	EAP Standard plan with triage counseling, wellness benefits, work/life balance assistance	Paid in full by MSC	Paid in full by MSC. The insurance carrier offering this benefit is likely to be provided by the PEO selected.
12	Retirement 401k plan	<u>CEO: 6% employer contribution</u> <u>Staff: 5% employer contribution</u> MSC contribution will be a one to one match with the MSC contribution capped as above.	Plan design to be determined to ensure best return on investment. Anticipate no problems with ensuring Commissioners' directives are met. The record keeper and investment advisors offering this benefit are likely to be provided by the PEO selected. Exact design of the plan TBD.
13	Training/Tuition Assistance Skillsoft training library, Compliance Training and budgeted monies toward other job required trainings	Paid by MSC	Budget money for continuing education for job, compliance training required and automatically offered by MSC, SkillSoft is a skills enhancement library. More here: https://www.skillsoft.com/content-solutions/
14	Additional CEO benefits not detailed above: subsidized cell phone, MSC provided tablet or smartphone of choice, IRS qualified relocation expenses up to \$10,000		

MWCOG Health Care Coalition

Comparison of Benefit Plans for 2017 - 2018 Contract Year - Illustrative for information purposes only

Feature/Service	Choice	Choice Plus - In Network	Choice Plus - Non Network
Annual Deductible	Single \$250 Family \$750	Single \$500 Family \$1,250	Single \$1,000 Family \$2,500
Out-of-pocket maximum	Single \$2,000 Family \$4,000	Single \$2,500 Family \$5,000	Single \$3,000 Family \$6,000
Maximum Benefit	Unlimited	Unlimited	Unlimited
Physicians Office Visits	\$30 Copay per visit	10% of Eligible Expenses after deductible.	30% after deductible is met
Illness and Injury	\$40 Copay per visit \$30 Copay per visit	deductible.	
Specialist Office Visits Virtual Visits	100% Deductible does not apply	100% Deductible does not apply	30% after deductible is met
Preventive Care Services Physicians Office Visits Lab, X-Ray or other preventive tests	100% Deductible does not apply		
Non-Preventive Lab and X-Ray Major Diagnostics - Outpatient CT, PET, MRI, MRA and Nuclear Medicine	100% after Deductible is met \$150 Copay per service	10% of Eligible Expenses after deductible.	30% after deductible is met
Hospital - Inpatient	\$250 Copay per day to a max of \$750 per stay	10% of Eligible Expenses after deductible.	30% after deductible is met
Outpatient Surgery Facility	\$100 Copay per date of service	10% of Eligible Expenses after deductible.	30% after deductible is met
Physicians Fees for Surgical and Medical Services	100% after Deductible is met	10% of Eligible Expenses after deductible.	30% after deductible is met
Maternity Services Prenatal, delivery, & postnatal physician Inpatient Facility - (see hospital services)	\$40 Copay will only apply to the initial office visit	10% of Eligible Expenses after deductible.	30% after deductible is met
Urgent Care	\$35 Copay per visit	10% of Eligible Expenses after deductible.	30% after deductible is met
Emergency Room Services (Copayment Waived if admitted to the hospital through the ER)	\$100 Copay per visit.	10% of Eligible Expenses after deductible.	10% of Eligible Expenses after deductible.
Outpatient Mental Health/Substance Abuse Covered at United Behavioral Health (UBH) provider only.	\$30 Copay per visit	10% of Eligible Expenses after deductible.	30% after deductible is met
Inpatient Mental Health/Substance Abuse Covered at United Behavioral Health (UBH) provider only.	\$250 Copay per day to a max of \$750 per stay	10% of Eligible Expenses after deductible.	30% after deductible is met
Routine Vision Care (refractive care)	\$30 Copay, one exam every 2 years	10% of Eligible Expenses after deductible, one exam every 2 years	Non-Network Benefits are not available
Skilled Nursing Facility Services (60 visits per year)	\$250 Copay per day to a max of \$750 per stay	10% of Eligible Expenses after deductible.	30% after deductible is met
Rehabilitation Services 40 visits of physical therapy, 40 visits of occupational therapy, 40 visits of speech therapy, 40 visits of Manipulative Treatment, 40 visits of pulmonary rehabilitation, 40 visits of cardiac rehabilitation, and 40 visits of post-cochlear implant aural therapy.	\$30 Copay per visit.	10% of Eligible Expenses after deductible.	30% after deductible is met
Pharmacy	\$10-Tier 1, \$25-Tier 2, \$45-Tier 3 Mail Order: \$20-Tier 1, \$50-Tier 2 \$90-Tier 3	\$10-Tier 1, \$25-Tier 2, \$45-Tier 3 Mail Order: \$20-Tier 1, \$50-Tier 2 \$90-Tier 3	\$10-Tier 1, \$25-Tier 2, \$45-Tier 3 Mail Order: \$20-Tier 1, \$50-Tier 2 \$90-Tier 3