



Missouri Botanical Garden



SOPHIA M. SACHS
BUTTERFLY
HOUSE



Shaw Nature Reserve

Welcome!

Eligibility

You're eligible for benefits if you are a full-time or part-time employee w orking 30 or more hours w eekly. You may be eligible for some benefits if you are part-time < 30 hours (depending on w ork hours). You may also enroll your eligible dependents including your legal spouse and children up to age 26. You may only change your benefit elections if you experience a qualified life event during the year or during an annual benefits enrollment period.

Eligibility Dates for Missouri Botanical Garden Employees	
Hire Date	· 403(b) Plan (if Eligible) · Employ ee Assistance Program · Holidays (FTR) · Sick and Vacation Accruals Begin · Employ ee Wellness Program · Tickets at Work · Garden Membership
First Month After Hire Date	Medical, Dental, and Vision Lif e AD&D, LTD, STD and Travel Assistance Optional Lif e Flexible Spending Account
Ninety Days After Hire Date	Eligible to use Sick and Vacation Time Eligible to use Floating Holidays (FTR)
Effective Date Tied to Enrollment Date	• Health Savings Account
One Year After Hire Date	• 403(b) Match (up to 6%)
Generally, November Each Year	Benefits Open Enrollment

403(b) Retirement Savings Plan

New employees will be automatically enrolled in the 403(b) Retirement Savings Plan at a 4% deferral with a 2% per year automatic increase election (not to exceed 12%).

- Pretax and Roth contributions available
- Garden match: 100% of employee deferrals up to 6% after one year of service

Medical Benefits / Prescription Benefits

The Missouri Botanical Garden offers three medical plans so you can choose the one that is best for you and your family.

PPO/HRA

 Missouri Botanical Garden will fund the last \$750 of individual / \$1,000 of family in network deductible expenses

QHDHP/HSA

 Missouri Botanical Garden will make a one-time HSA contribution for first time enrollees of \$500 and \$300 individual / \$600 family evenly across 26 pay periods.

Local Plus BJC Network

• Must see BJC providers; there are no out-of-network benefits

Medical Plan Provision In-Network		QHDHP HSA	Local Plus BJC
		In-Netw ork	BJC In-Network
Preventative Care	100%	100%	100%
Primary Physician Office Visit	\$25 copay	90% after deductible	\$15 copay
Specialist Office Visit	\$50 copay	90% after deductible	\$45 copay
Diagnostic Lab and X-Ray / Complex Radiology	80%	90% after deductible	80%
Urgent Care	\$50 copay	90% after deductible	\$75 copay
Emergency Room Care	\$250 copay waived if admitted	90% after deductible	\$350 copay
Annual Deductible (per calendar year)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Inpatient and Outpatient Hospital Services	80% / 80%	90% after deductible / 90% after deductible	80% / 80%
Prescription Drugs	Generic: \$15 Pref erred: \$45 Non-Preferred: \$60	All Tiers: 90% af ter deductible	Generic: \$10 Pref erred: \$35 Non-Preferred: \$60 Specialty: 25% up to 400 max.
Out-of-Pocked Maximum (includes deductible and all copays)	\$5,000 / \$10,000 Once the out-of- pocket max. is met, all cov ered expenses are paid at 100%	\$3,000 / \$6,000 Once the out-of- pocket max. is met, all cov ered expenses are paid at 100%	\$5,000 / \$10,000 Once the out-of- pocket max. is met, all cov ered expenses are paid at 100%



Dental Benefits

Dental Plan	Low Plan		High Plan	
Provision	In- Network	Non- Network	In- Network	Non- Network
Type A: Preventive	100%	100%	100%	100%
Type B: Basic Restorative	50%	50%	90%	80%
Type C: Major Restorative	50%	50%	60%	50%
Type D: Orthodontia	25%	25%	50%	50%
Annual Deductible	\$0	\$0	\$50 / \$150	\$50 / \$150
Annual Maximum Benefits Per Individual	\$1,200	\$1,200	\$1,750	\$1,750
Orthodontia Lifetime Maximum: Per Individual (child up to 19)	\$500	\$500	\$1,000	\$1,000

In you choose a non-network provider, you may be balance billed for amounts in excess of the reimbursed amount from Guardian.

Vision Benefits

- Discount plan w hich provides coverage for routine services and eye wear
- Sun Perks & Freedoms Pass

Vision Benefits	Select Network	Out-of-Network
Exam	\$5	Up to \$35
Materials	\$10	Up to an allowed amount dependent on service
Standard Plastic Lenses Single Vision Bifocal Trifocal	Covered by copay Covered by copay Covered by copay	Up to \$30 Up to \$50 Up to \$70
Frame Allowance	\$150 Allowance	Up to \$75
Contact Lenses benefit is in lieu of lens and frame benefit	\$150 Allowance	\$120 Allowance
Exams, Lenses, Frames, Contacts Frequency	12 Months	12 Months

Flexible Spending Account

Health Care FSA

- · Pre-tax dollars to pay for eligible medical expenses
- Carry over up to \$550

Dependent Care FSA

- · Pre-tax dollars to pay for eligible child or elder daycare
- · Use it or lose it

Health Savings Accounts (HSA)

You can contribute to an HSA if you:

- Have coverage under an HSA-qualified "qualified high deductible health plan" (QHDHP)
- · Have no other first-dollar medical coverage
- · Are not enrolled in Medicare
- · Cannot be claimed as a dependent on someone else's tax return

Life & Disability

The Garden pays the full cost of the following benefits for you: life insurance, AD&D, short-termdisability insurance, and long-term disability insurance. In the event of your death or if you become disabled from a non work-related injury or sickness, you or your beneficiaries would receive the following benefits.

es Annual Salary
es Annual Salary
\$500,000

Short-term Disability	Coverage
Days before benefits begin:	Injury /illness – 7 days
Benefit duration period:	Up to 12 weeks
Income replacement level:	60% of weekly eamings
Maximum weekly benefit:	\$3,000

Long-term Disability	Coverage
Elimination Period	90 day s
LTD Benefit	60% on monthly income to a maximum of \$15,000

Optional Life Insurance

Additional life insurance is available for you to elect on yourself, your spouse and your dependent children. You pay the cost for this coverage, but it is made available to you at discounted group rates.

For yourself, coverage is elected in \$10,000 increments to a maximum of \$500,000. The guaranteed issue amount is \$250,000.

You may also elect optional life coverage for your spouse and dependent children. For your spouse, you may elect coverage in \$5,000 increments to a maximum of \$250,000. The guaranteed issue amount is \$30,000. You may elect coverage for your dependent children in \$2,000 increments not to exceed \$10,000. To enroll in Optional Life for your spouse/child, you must elect coverage for yourself.

Optional MetLaw Legal Services

If you are a part-time, regular employee w orking 20 or more hours w eekly, you may enroll for access to a netw ork of MetLaw legal experts via phone, email, in person or through online tools for a variety of legal matters. Your spouse and dependent children are also covered if you enroll. Cost is \$9.69 per pay period for 2023.



Additional Benefit Offerings

The Garden is open 364 days each year. The Garden is closed on Christmas Day only, so you may be scheduled to work on Garden holidays.

Paid Time-Off Benefits

Regular full-time employees and regular part-time employees scheduled for 20+ hours per week are eligible to accrue vacation and sick time based on hours paid. Accruals begin at hire and accrued time may be used after 90 days of continuous employment (with supervisor approval). Regular full-time, non-exempt employees who are required to work on a Garden paid holiday will receive pay at one and one-half times their hourly rate for the hours worked on the holiday and straight-time pay for the holiday. Regular full-time exempt employees who are required to work on a Garden paid holiday will receive another day off with pay to be taken within the same fiscal quarter of the holiday. Regular full-time employees are eligible for up to 10 paid holidays and 2 floating holidays.

Garden Membership: Employees receive a complimentary Garden family membership during employment. Employees receive discounts on merchandise, dining, education classes, and wedding site rentals

EAP: Free resource that offers confidential counseling services designed to help with personal or work/life balance issues. Available to all employees and immediate family members 24 hours per day, 7 days per week.

Garden Wellness Program: Employees may attend an annual Wellness Fair, utilize private health coaching sessions, participate in Lunch and Learn w orkshops, complete e-Learning modules and other activities, reporting these through our St. Luke's Wellness portal. Participating employees can earn w ellness points and become eligible for incentives.

Travel Assistance: Travel assistance services are available 24/7 to help you with emergencies when you're traveling for business or pleasure, more than 100 miles from home.







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About This Document

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