NEW EMPLOYEES
GUIDE FOR
UPLAN BENEFITS
ENROLLMENT

Enroll in UPlan Benefits for 2017
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USE MYU TO ENROLL IN UPLAN BENEFIT PLANS:
https://www.myu.umn.edu
You can log in to make your selections and submit your choices for yourself, your spouse, and dependent children for the plan year.

Your deadline to enroll is 30 days from your date of employment or newly benefits eligible position. You will receive an email when the enrollment site is ready for you to enroll. If you haven’t received the email within two weeks, contact Employee Benefits.

TO SUBMIT YOUR CHOICES ONLINE
1. Log in to MyU using your Internet ID and password.
2. Select “My Benefits” from the choices on the left side of the screen.
3. Select “Benefits Enrollment.”
4. Select the open benefit event.

Information needed for enrollment:
» To add dependents, you need their birth dates and Social Security numbers.
» If you’re selecting Medica Elect/Essential, you’ll need to enter the primary care clinic’s 11-digit PCC number.

THREE IMPORTANT TIPS
1. Scroll down. There is often more information than will fit on a screen. Be sure to scroll down to see all of your choices.

2. Wait - PROCESSING. It may take a while to process information as you make your benefits selections. When you see the word “PROCESSING” flashing in the upper right corner of your screen, wait. Do not click another selection until the page refreshes.

3. Final Submit Button. After you make your selections, you will see a “Submit Benefits Choices” page. Be sure to click “Submit” at the bottom of this page to send your information to Employee Benefits. The “Submit Confirmation” page shows that you’ve successfully completed your enrollment.

Confirm your enrollment
Watch for an email about three days after you enroll to let you know that your enrollment has been processed. To view a summary of your benefits, log in to MyU, select My Benefits, and then Benefits Summary at the bottom of the page.

NEED HELP?
Internet ID and Password:
Call 612-301-4357 (1-HELP) or email help@umn.edu

Benefits Enrollment not available (down for maintenance):
Mon-Sat: 4 a.m. - 6 a.m.
Sun: 6 a.m. - 12 p.m.

CHECK FOR YOUR PLAN PROVIDER
Be sure that the medical or dental clinic you want to use is in the plan’s network before you make your final plan selection. On the Employee Benefits website, use the links to the plans’ websites where you’ll find an online provider finder and other search tools.

WHERE TO GO FOR ANSWERS
The Employee Benefits Service Center staff is available to help you with your benefits questions and enrollment.
» Phone number is 612-624-8647 or 1-800-756-2363, select option 1
» Email address is benefits@umn.edu
» Website is www.humanresources.umn.edu/benefits
» Regular office hours are from 8 a.m. to 4:30 p.m. Monday through Friday
» Telephone language interpretation services are available through Employee Benefits

Employee Benefits is located in the Donhowe Building at 319 15th Ave SE on the East Bank campus in Minneapolis.
New Employee - Benefits Enrollment

ARE YOU ELIGIBLE FOR UPLAN BENEFITS?
You qualify for benefits provided by the University of Minnesota because you are either a new employee or in a newly benefits-eligible position.

You are eligible for UPlan benefits if:
» You are a new hire, or
» Your appointment increased to 50-74% time, or
» Your appointment increased to 75-100% time

AND all of the following apply to your appointment:
1. You have been appointed to an eligible job classification,
2. Your appointment is 50% time or greater, and
3. Your appointment will last for three months or longer.

WHAT YOU CAN SELECT AS A NEW EMPLOYEE
Your basic employee benefit options are:
» Medical coverage
» Dental coverage, and
» Basic life insurance

The optional benefits include:
» Medical and dental coverage for eligible dependents
» Additional life insurance for you, your spouse, and children (certain amounts of coverage are available without evidence of insurability)
» Voluntary Short-term disability coverage without evidence of insurability
» Voluntary Long-term disability coverage if you are a civil service or labor represented employee
» Health care and dependent daycare flexible spending accounts
» Long-term care insurance

You need to select your basic and optional coverages within the first 30 days of your employment or newly benefits-eligible position.

If you have an appointment that is 75% time or greater, the University pays toward the cost of your medical, dental, and basic life insurance coverage. If your appointment is 50% to 74% time, you will pay the full cost of the basic coverage you select. You also pay the full cost of any optional life insurance and disability coverage you select.

If you decide to change to a different medical or dental plan within this 30-day period, the new plan will be retroactive to your initial date of active coverage.

Waiting period medical coverage
You have the option to buy medical coverage for the waiting period from your first day of employment until your active coverage begins. You may enroll in a medical plan, other than Medica HSA, within 30 days of your first day of employment and pay the full cost of the coverage for the full waiting period. When you enroll online for your active coverage, you may elect a different plan and coverage level. Please contact Employee Benefits to request an enrollment form and the rate for waiting period medical coverage.

Waive benefits or do not enroll
You can elect to waive basic and optional coverage and not have benefits. Your next opportunity to elect medical or dental coverage for yourself and your dependents will be the annual Open Enrollment in November or if you have a qualified family status change during the year.

Dependent eligibility verification
The University has a responsibility to apply the dependent eligibility rules fairly and equally. You will be asked to provide documentation to verify eligibility of your dependents if they are added to your UPlan coverage when you are a new employee, during the annual Open Enrollment, or when you acquire a new dependent. You will need to verify their eligibility by providing documentation such as a tax form or birth, adoption, or marriage certificate. When you receive the verification request from Employee Benefits, please respond promptly to ensure coverage for your dependents.
Rates paid on a pre-tax basis
The rates you pay for your medical and dental coverage are deducted from your salary before federal, state, and Social Security taxes are withheld. As a result, your taxable salary is reduced, and you pay less in taxes.

Rates paid on an after-tax basis
Rates for life and disability insurance are paid only on an after-tax basis.

WHEN YOUR COVERAGE GOES INTO EFFECT
Your basic employee medical, dental, and life insurance coverage will become effective on the first day of the month following your first day of employment or newly benefits-eligible position.

EXAMPLE:
Date of employment: February 15
Effective date of basic benefits: March 1

EXAMPLE:
Date of employment: August 1
Effective date of basic benefits: September 1

When coverage goes into effect due to appointment change
If you become eligible for coverage as a result of an appointment change, your basic employee medical, dental, and life insurance coverage will become effective on the first day of the month following the date of the eligible change. If the change begins on the first of the month, then your coverage becomes effective on that day.

EXAMPLE:
Date of eligibility change: April 12
Effective date of basic benefits: May 1

EXAMPLE:
Date of eligibility change: June 1
Effective date of basic benefits: June 1

When coverage goes into effect if you are not actively at work on scheduled effective date:
Due either to your or your dependent’s health status or medical disability:
» Medical and dental coverage will take effect on the date your coverage is scheduled to begin.
» Life and disability coverage will be delayed until you return to work.

Due to a reason other than hospitalization or medical disability for you or your dependent:
» Medical and dental coverage will be delayed until the first day of the pay period coinciding with or following your return to work.

EXAMPLE:
Date of eligibility change: April 12
Effective date of basic benefits: May 1

EXAMPLE:
Date of eligibility change: June 1
Effective date of basic benefits: June 1

EXAMPLE:
Date of eligibility change: June 1
Effective date of basic benefits: June 1

When coverage goes into effect for optional coverage
If you enroll on a timely basis and you are actively at work:
» Dependent medical and dental coverage, additional life insurance, disability coverage, and the flexible spending accounts will go into effect on the same date as your basic coverage.
» Optional coverage requiring evidence of good health will go into effect on the first day of the pay period coinciding with or following approval by the insurance company.

How contributions are paid if you have an academic appointment
If you work for the University on an academic year, generally on a 9- or 10-month appointment, your coverage will continue during the summer months that you are not scheduled to work provided that you return to work at the beginning of the new academic year. To pay for your contribution toward coverage during the non-work period, rate amounts will be deducted in arrears from your paycheck when you return to work. However, if you do not return to work for the following academic year, your benefits terminate at the end of May.
New Employee – Benefits Enrollment

**Definition of Eligible Dependents and Qualification for Tax Favored Treatment**

The chart specifies the criteria for coverage along with whether the dependent is considered qualified for favorable tax treatment under the Plan. Go to the Benefits website at humanresources.umn.edu/benefits/benefits-eligibility for more information about eligibility for your dependents.

<table>
<thead>
<tr>
<th>Relationship to Employee</th>
<th>Criteria for Coverage</th>
<th>Is Dependent Qualified for Tax Favored Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Must be legally married.</td>
<td>Qualified</td>
</tr>
<tr>
<td></td>
<td>Your spouse must not be working full-time for an employer and receiving cash or credits 1) in place of medical coverage or 2) in exchange for medical coverage with a deductible of $750 or greater.</td>
<td></td>
</tr>
<tr>
<td>Dependent Child</td>
<td>Dependent child – birth through age 25 (up to the 26th birthday)</td>
<td>Qualified</td>
</tr>
<tr>
<td></td>
<td>An eligible child can include your unmarried or married biological child, legally adopted child or child placed for the purposes of adoption, foster child, stepchild, or any other child state or federal law requires be treated as a dependent.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: The spouse of your eligible married dependent child is not eligible for coverage.</td>
<td></td>
</tr>
<tr>
<td>Disabled Child</td>
<td>Disabled child – age 26 or above (no maximum) if physically or mentally disabled and either:</td>
<td>Qualified</td>
</tr>
<tr>
<td></td>
<td>• lives with you and does not provide over 50% of his/her own support, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• does not live with you but is at least 50% dependent on you</td>
<td></td>
</tr>
<tr>
<td>Dependent Grandchild</td>
<td>Grandchild as dependent child – A grandchild is eligible for coverage as your child if placed in your legal custody; or if the grandchild is legally adopted or placed with you for the purpose of adoption.</td>
<td>Qualified</td>
</tr>
<tr>
<td></td>
<td>Additional grandchildren eligibility – An unmarried grandchild is also eligible under the Plan for coverage if (1) the grandchild is dependent upon you for principal support and maintenance, but is a qualified tax dependent of another person or (2) your unmarried grandchild is the dependent child of your unmarried dependent child, and even though the grandchild may be dependent upon you for principal support and maintenance, the grandchild would not be eligible to be your tax dependent under tax regulations. In these instances, the contributions made by the University to your grandchild’s coverage as well as your contributions are considered taxable income on your tax returns.</td>
<td>Usually non-qualified</td>
</tr>
<tr>
<td></td>
<td>Newborns – Your newborn infant grandchild is eligible under the Plan for coverage if the grandchild is financially dependent upon you and resides with you continuously from birth. Coverage for the grandchild may terminate if the grandchild does not continue to reside with you continuously, if the grandchild does not remain financially dependent upon you, or when the grandchild reaches age 25.</td>
<td></td>
</tr>
</tbody>
</table>
Your Medical Coverage

The medical plan options that are available to you vary by geographic location. Each of the geographic locations has a base plan that is the most widely used plan in that area and offers low rates and copayments. Because you can select your medical plan based on where you live or work, you can choose a plan in either geographic location. However, to choose the ACO Plan, you must live in one of the counties in their service area.

The medical plan options provide regular medical care and pharmacy benefits for the diagnosis and treatment of most illnesses and injuries. In-network preventive care is covered at no cost to you.

There is no pre-existing condition clause. This means that you and your eligible dependents have coverage for any medical condition, including pregnancy, as soon as your coverage becomes effective.

You are automatically enrolled in the pharmacy program when you enroll in a medical plan.

Base Plans
Medica Elect/Essential in the Twin Cities and Duluth areas and Medica Choice Regional in Greater Minnesota are the plans with networks available to the most employees, are the most widely used options in those areas, and factor most in the rate calculations.

Rate tiers
Who you cover under your plan determines which rate tier will apply to you:
- Employee only;
- Employee and Children; or
- Employee and Spouse with or without Children.

You may also waive or elect not to have coverage.

Rates
The University of Minnesota pays 87% of the cost of Employee-only coverage and 80.5% of the cost of each tier with covered dependents for the base plan for your geographic location. For plans with costs higher than the base plan rate, your rate includes the additional cost.

How to enroll
Make your selection online through MyU within the first 30 days of your employment or newly benefits-eligible position.

The medical plan in which you enroll will send a member ID card to your home. You will also receive a member ID card from Prime Therapeutics for the UPlan pharmacy program.

Contact your new clinic
If the clinic you chose under your medical option is new to you, you may want your new physician to have your records. Ask your current clinic to send a copy of your records to your new clinic so they have it when you visit your new clinic.
Medical: Plan Availability

The base plan available to you is determined by your geographic location.

<table>
<thead>
<tr>
<th>Twin Cities metro area</th>
<th>Duluth area</th>
<th>Greater Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13 Minnesota counties:</strong> Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, McLeod, Ramsey, Scott, Sherburne, Washington, and Wright</td>
<td><strong>3 Minnesota counties:</strong> northern half of Carlton, Lake and St. Louis; <strong>3 Wisconsin counties:</strong> Douglas, Sawyer, and Washburn</td>
<td>Remaining 71 Minnesota counties: includes Crookston, Morris, and Rochester campuses</td>
</tr>
<tr>
<td><strong>2 Wisconsin counties:</strong> Pierce and St. Croix</td>
<td><strong>Base Plan: Medica Elect/Essential</strong></td>
<td><strong>Base Plan: Medica Elect/Essential</strong></td>
</tr>
<tr>
<td><strong>Base Plan: Medica Choice Regional</strong></td>
<td><strong>Base Plan: Medica Choice Regional</strong></td>
<td><strong>Base Plan: Medica Choice Regional</strong></td>
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</tbody>
</table>

**Other Plans:** Medica Choice National and Medica HSA are available statewide and nationwide. The map shows the service area for Medica ACO Plan.

**ACO Service Area Map**
- Altru & You with Medica
- Essentia ChoiceCare with Medica
- Medica with Mayo Clinic Health System
- Metro
  - Fairview and North Memorial Vantage with Medica
  - Inspiration Health by HealthEast with Medica
  - Park Nicollet First with Medica
  - Ridgeview Community Network powered by Medica

DULUTH TWIN/CITIES ROCHESTER CROOKSTON MORRIS
Medical: Plan Descriptions

MEDICA ELECT/ESSENTIAL
Base plan with low biweekly rates and out-of-pocket costs
Available for the Twin Cities and Duluth areas

Medica Elect/Essential combines two provider networks that include 20 major health care systems in the Twin Cities and Duluth areas. A care system includes the network of doctors, specialists, clinics, hospitals, and other providers from which you will receive your care.

You and your family members can each choose a primary care clinic (PCC) from care systems in either the Elect or Essential network. Each primary care clinic has a PCC number attached to it. You’ll need that 11-digit number when you enroll.

If you decide to change your clinic during the year, just contact Medica’s member services at 952-992-1814 or 877-252-5558 by the 20th of the month. Your request to change will go into effect the first of the following month. You can change clinics more than one time per year.

Having a primary care clinic means your care is better coordinated. Your PCC will help you with referrals to specialists if that step is required by your care system. Some care systems allow you to directly access a specialist who is in your care system. You’ll receive the highest level of benefits by following your care system’s procedures. If you need to be referred to an out-of-network provider, you must also get Medica’s approval.

Care outside of your plan’s service area
Another benefit with Medica Elect/Essential is a travel benefit that covers health care as in-network when you are traveling outside the plan’s service area, and you use a provider in Medica’s national network for urgent, chronic, or emergency needs. This also works for a dependent who is a college student living out of the plan’s service area.

Care outside of your plan’s network
You will have coverage if you receive care from a provider that’s out of the network. Coverage will be at a 70% coinsurance level, and you will need to pay a $600 deductible out of your pocket.

MEDICA CHOICE REGIONAL
Base plan with low biweekly rates and out-of-pocket costs
Available statewide only for Greater Minnesota, including Morris, Crookston, and Rochester campuses

Medica Choice Regional uses the statewide Medica Choice network with over 13,000 physicians and more than 200 hospitals. You can see any provider who is part of the network.

You don’t need to select a primary care clinic when you enroll, and you can see any specialist within the plan network without a referral from your primary care doctor.

But it’s a good idea to work closely with your primary care doctor to coordinate your health care needs.

Care outside of your plan’s service area
Another benefit with Medica Choice Regional is a travel benefit that covers health care as in-network when you are traveling outside the plan’s service area, and you use a provider in Medica’s national network for urgent, chronic, or emergency needs. This also works for a dependent who is a college student living out of the plan’s service area.

Care outside of your plan’s network
You will have coverage if you receive care from a provider that’s out of the network. Coverage will be at a 70% coinsurance level, and you will need to pay a $600 deductible out of your pocket.

MEDICA ACO PLAN
Available in the Twin Cities metro area; southern Minnesota, western Wisconsin, and Rochester campus; northern Minnesota, eastern North Dakota, northwestern Wisconsin, and Duluth campus; and northwestern Minnesota, northeastern North Dakota, and Crookston campus

Medica ACO Plan is an Accountable Care Organization (ACO), which offers unique networks of providers in your area. Medica and the network of doctors, nurses, and health care providers work together to deliver coordinated health care, information, and support to the member.
Medical: Plan Descriptions

You need to select one ACO option that you and your eligible family members will use for the year. You can see any primary care provider or specialist in the network without a referral.

To be eligible for an ACO, you must live in one of the counties in their service area.

**Twin Cities metro area**
Your ACO options are:
» Fairview & North Memorial Vantage Plan with Medica, includes Boynton Health and University of Minnesota Physicians;
» Inspiration Health by HealthEast with Medica;
» Park Nicollet First with Medica; and
» Ridgeview Community Network powered by Medica

You must live in one of these Minnesota counties to enroll in one of these ACOs: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, McLeod, Ramsey, Scott, Sibley, Sherburne, Washington, or Wright.

**Southern Minnesota and western Wisconsin**
Your ACO option is Medica with Mayo Clinic Health System. You must live in one of these counties in Minnesota or Wisconsin to enroll in this ACO:
» Minnesota: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan, or Winona.
» Wisconsin: Barron, Chippewa, Dunn, or Eau Claire.

**Northern Minnesota, eastern North Dakota, and northwestern Wisconsin**
Your ACO option is Essentia ChoiceCare with Medica. You must live in one of these counties in Minnesota, North Dakota, or Wisconsin to enroll in this ACO:
» Minnesota: Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Mahnomen, Norman, Pine, or St. Louis
» North Dakota: Cass, Ransom, Richland, or Sargent
» Wisconsin: Ashland, Bayfield, Douglas, Sawyer or Washburn

**Northwestern Minnesota and northeastern North Dakota**
Your ACO option is Altru & You with Medica. You must live in one of these counties in Minnesota or North Dakota to enroll in this ACO:
» Minnesota: Kittson, Marshall, Pennington, Polk, Red Lake, or Roseau
» North Dakota: Benson, Cavalier, Eddy, Grand Forks, Griggs, Nelson, Pembina, Pierce, Ramsey, Rolette, Steele, Towner, Traill, or Walsh

**Care outside of your plan’s service area**
Another benefit with Medica ACO Plan is a travel benefit that covers health care as in-network when you are traveling outside the plan’s service area, and you use a provider in Medica’s national network for urgent, chronic, or emergency needs.

**Care outside of your plan’s network**
You will have coverage if you receive care from a provider that’s out of the network. Coverage will be at a 70% coinsurance level, and you will need to pay a $600 deductible out of your pocket.

**MEDICA CHOICE NATIONAL**
Open access network with statewide and national coverage

Medica Choice National uses the statewide Medica Choice network with over 13,000 physicians and more than 200 hospitals and the national coverage with more than 659,000 physicians and health care providers through the United Healthcare Options PPO network. It is an open-access network so you can see any doctor, clinic, or facility that is part of the network.

You don’t need to select a primary care clinic when you enroll, and you can see any specialist within the plan network without a referral from your primary care doctor. But it’s a good idea to work closely with your primary care doctor to coordinate your health care needs.
Medical: Plan Descriptions

Care outside of your plan's service area
Medica Choice National already includes travel benefits through the United Healthcare Options PPO national network if you are traveling or working outside Minnesota. You can also live outside the service area.

Care outside of your plan’s network
You will have coverage if you receive care from a provider that’s out of the network. Coverage will be at a 70% coinsurance level, and you will need to pay a $600 deductible out of your pocket.

MEDICA HEALTH SAVINGS ACCOUNT (HSA)
Open access network with statewide and national coverage
Medica HSA is a high deductible plan that uses the statewide Medica Choice network with over 13,000 physicians and more than 200 hospitals and national coverage with more than 659,000 physicians and health care providers through the United Healthcare Options PPO network. It is an open-access network so you can see any doctor, clinic, or facility that is part of the network.

You don’t need to select a primary care clinic when you enroll, and you can see any specialist within the plan network without a referral from your primary care doctor. But it’s a good idea to work closely with your primary care doctor to coordinate your health care needs.

Health Savings Account
The University will contribute $750 to your HSA account for employee-only coverage and $1,500 for each tier with covered dependents. The funds are contributed over the 26 pay periods in 2017 for coverage effective January 1, 2017. When enrolling mid-year, the HSA amount will be prorated per pay period; however, the deductible amount is not prorated. The amount you receive depends on when your coverage becomes effective. The amount is contributed over the number of pay periods remaining in the year.

After your deductible is met, Medica HSA pays covered services at 90% coinsurance.

You own the HSA contributions and can decide whether to use the contributions for current medical expenses or let the funds grow to cover medical expenses in retirement.

You will receive a debit card from Optum Financial to use to spend HSA dollars for pharmacy or medical expenses. You can request reimbursement of medical expenses once the account is opened and funds are deposited. You can also make your own pre-tax contributions to the HSA and invest them in options from Optum Financial. If you leave the University, you can transfer your account balances to another account.

Enrollment in Medica HSA means that you can only use the pre-tax health care FSA to cover costs for eligible dental and vision expenses.

Important Notice: Due to federal law, if you have any other medical coverage, including any part of Medicare, or you are on a spouse’s plan that is not a high deductible health plan, you are not eligible to enroll in Medica HSA. However, if you are age 65 or older and delay taking Social Security benefits and Medicare Part A, you remain eligible for Medica HSA.

Care outside of your plan’s service area
Medica HSA already includes travel benefits through the United Healthcare Options PPO national network if you are traveling or working outside Minnesota. You can also live outside the service area.

Care outside of your plan’s network
You will have coverage if you receive care from a provider that’s out of the network. Coverage will be at a 70% coinsurance level after the deductible.

Medica: 952-992-1814
1-877-252-5558
TTY users, please call 711
Web: www.medica.com/uofm
Medical: Pharmacy Benefits

Pharmacy benefits provided through Prime Therapeutics and Fairview Specialty Pharmacy
Prime Therapeutics is the pharmacy benefits manager for all UPlan medical options. Fairview Specialty Pharmacy is the exclusive provider of most specialty medications. You are automatically enrolled in the pharmacy program when you elect a medical plan.

The UPlan and the pharmacy benefits manager have a strong emphasis on the use of generic drugs to help control the cost of prescription drugs. The drug formulary through Prime provides safe, effective, high-quality, cost-effective medications to ensure the best medical results while also reducing the overall costs for providing prescription benefits. Fairview provides a high level of support with specialty medications to help you achieve the best outcomes and quality of life.

Prime Therapeutics has a broad Minnesota and national retail pharmacy network that includes popular pharmacy chains, clinic and hospital pharmacies, independent pharmacies, and a home delivery mail service pharmacy.

Fairview Specialty Pharmacy provides home delivery or pick-up service of specialty drugs at Fairview clinic and hospital retail pharmacies. Specialty medications can also be obtained at Essentia Health and Northland in Duluth.

The member ID card from Prime Therapeutics can also be used for Fairview Specialty Pharmacy. You must show your member ID card when obtaining new or refilled prescriptions. Your member card includes your unique ID number, and your pharmacist will need to enter the new prescription processing information from your card into their system.

For more information
For questions, or to locate a participating pharmacy, or obtain specific plan information, you may contact their 24-hour Member Customer Service numbers.

Prime Therapeutics:
1-800-727-6181
www.myprime.com/MyPrime/umn

Fairview Specialty Pharmacy:
612-672-5289
1-877-509-5115
www.fairviewspecialtyrx.org/uplan

Specialty medications include most drug products that you inject yourself, plus certain oral drugs that can be a challenge to manage.
# Medical: Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Base Plan Medica Elect/Essential</th>
<th>Medica ACO Plan Crookston area</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network deductible*</td>
<td>$100 per person/ $200 per family</td>
<td>$100 per person/ $200 per family</td>
<td>$200 per person/ $400 per family</td>
<td>Total in-network and out-of-network: Employee only: $1,500 Family: $3,000</td>
</tr>
<tr>
<td>Out-of-network deductible</td>
<td>$600</td>
<td>$600</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td><strong>HSA Account</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>UPPlan account contribution can be used to offset deductibles: Employee only: $750 Family: $1,500</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network and Out-of-network</td>
<td>$100 copay, waived if admitted</td>
<td>$100 copay, waived if admitted</td>
<td>$100 copay, waived if admitted</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Ground and air ambulance to nearest facility</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>90% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network and Out-of-network</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td><strong>Network Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>90% after deductible</td>
</tr>
</tbody>
</table>

* In-network deductible applies to expenses without a copay, primarily in- and out-patient hospital, and lab/x-ray.

### HSA

<table>
<thead>
<tr>
<th></th>
<th>Employee Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-only amount</td>
<td>$2,650</td>
</tr>
<tr>
<td>Catch-up amount - Age 55 or over</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family coverage amount (either tier)</td>
<td>$5,250</td>
</tr>
<tr>
<td>Catch-up amount - Age 55 or over</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
## Medical: Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Medica ACO Plan</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medica Elect/Essential</td>
<td>Crookston area</td>
<td>Duluth area</td>
<td>Rochester area</td>
</tr>
<tr>
<td><strong>Network Health Care Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care*</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage**</td>
</tr>
<tr>
<td>Eye and hearing exam (routine)</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td>Physician***</td>
<td>$25 Primary/ $35 Specialty copay</td>
<td>$20 Primary/ $30 Specialty copay</td>
<td>$40 Primary/ $50 Specialty copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>All Walk-In/ Convenience Clinics****</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Lab/X-Ray</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient MRI and CT scan</td>
<td>$50 copay</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient/ surgery</td>
<td>100% coverage after deductible</td>
<td>$100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient mental health/substance abuse</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Physical, Speech, and Occupational Therapy</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Home health care</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td><strong>Prosthetics, Durable Medical Equipment</strong></td>
<td>80% coverage, including hearing aids</td>
<td>80% coverage, including hearing aids</td>
<td>80% coverage, including hearing aids</td>
<td>90% after deductible, including hearing aids</td>
</tr>
</tbody>
</table>

* Preventive care includes routine physical, hearing and eye exams; well child care; prenatal care; immunizations; and allergy injections.

** HSA guidelines do not view allergy injections as preventive; therefore, the deductible and coinsurance apply to this service.

*** Primary Care includes Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics.

**** Gopher Quick Clinic in the Twin Cities, QuickCare in Duluth, and other walk-in/convenience care clinics; also applies to virtual care.
### Prescription Drugs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Base Plan Medica Elect/Essential Medica Choice Regional</th>
<th>Medica ACO Plan Crookston area Duluth area Rochester area Twin Cities metro</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Program</td>
<td>Pharmacy Program through Prime Therapeutics and Fairview Specialty Pharmacy&lt;br&gt;The pharmacy program is automatically provided to members in all UPlan medical options.</td>
<td>Pharmacy Program through Prime Therapeutics and Fairview Specialty Pharmacy&lt;br&gt;The pharmacy program is automatically provided to members in all UPlan medical options.</td>
<td>Pharmacy Program through Prime Therapeutics and Fairview Specialty Pharmacy&lt;br&gt;The pharmacy program is automatically provided to members in all UPlan medical options.</td>
<td>Pharmacy Program through Prime Therapeutics and Fairview Specialty Pharmacy&lt;br&gt;The pharmacy program is automatically provided to members in all UPlan medical options.</td>
</tr>
<tr>
<td>Certain Preventive Medications specified in the Affordable Care Act and Contraceptives in the Generic Plus Category</td>
<td>30-day supply (including insulin); network pharmacies only</td>
<td>30-day supply (including insulin); network pharmacies only</td>
<td>30-day supply (including insulin); network pharmacies only</td>
<td>30-day supply (including insulin); network pharmacies only</td>
</tr>
<tr>
<td>Generic Plus (Tier 1) drugs (includes all generic drugs and some low-cost brand drugs if there is no generic drug in a given therapeutic class)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>100%</td>
</tr>
<tr>
<td>Formulary brand name (Tier 2) drugs (includes all other formulary brand drugs)</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>Prescriptions are covered in the HSA and at 90% in medical plan after deductible</td>
</tr>
<tr>
<td>Non-formulary (Tier 3) (includes covered brand drugs not listed on formulary)</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>Prescriptions are covered in the HSA and at 90% in medical plan after deductible</td>
</tr>
<tr>
<td>Purchase of brand drug when chemically equivalent generic is available</td>
<td>Pay the <strong>generic copay and difference in cost</strong> between the brand drug and the generic drug</td>
<td>Pay the <strong>generic copay and difference in cost</strong> between the brand drug and the generic drug</td>
<td>Pay the <strong>generic copay and difference in cost</strong> between the brand drug and the generic drug</td>
<td>Pay the <strong>generic copay and difference in cost</strong> between the brand drug and the generic drug</td>
</tr>
<tr>
<td>Drugs purchased by mail order</td>
<td>3-month supply available for two copays</td>
<td>3-month supply available for two copays</td>
<td>3-month supply available for two copays</td>
<td>90-day supply available at discount</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (Rx only)</td>
<td>$750 per person $1,500 per family</td>
<td>$750 per person $1,500 per family</td>
<td>$750 per person $1,500 per family</td>
<td>No separate out-of-pocket maximum for prescriptions</td>
</tr>
</tbody>
</table>

* The difference in cost does not apply toward the annual out-of-pocket maximum.

** When in the coinsurance level, pay 10 percent coinsurance based on generic price in addition to difference in cost between the brand drug and the generic drug.
# Medical: Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>Base Plan Medica Elect/Essential Medica Choice Regional</th>
<th>Medica ACO Plan Crookston area Duluth area Rochester area Twin Cities metro</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Network Care</strong></td>
<td>$600 deductible per person, $1,200 per family, 70% coinsurance up to annual out-of-pocket maximum</td>
<td>$600 deductible per person, $1,200 per family, 70% coinsurance up to annual out-of-pocket maximum</td>
<td>$600 deductible per person, $1,200 per family, 70% coinsurance up to annual out-of-pocket maximum</td>
<td>70% coinsurance after deductible is met, up to the annual out-of-pocket maximum</td>
</tr>
<tr>
<td><strong>Out-of-Network Emergency Care</strong></td>
<td>Covered as in-network emergency benefit</td>
<td>Covered as in-network emergency benefit</td>
<td>Covered as in-network emergency benefit</td>
<td>Covered as in-network emergency benefit</td>
</tr>
<tr>
<td><strong>National Coverage</strong></td>
<td>Available through emergency or out-of-network benefit only</td>
<td>Available through emergency or out-of-network benefit only</td>
<td>Available in-network through United Healthcare Options PPO network</td>
<td>Available in-network through United Healthcare Options PPO network</td>
</tr>
<tr>
<td><strong>Travel Benefit Providing In-Network Coverage</strong></td>
<td>For students and other travelers if services are provided by United Healthcare Options PPO providers</td>
<td>For students and other travelers if services are provided by United Healthcare Options PPO providers</td>
<td>For out-of-area residents, students, and other travelers if services are provided by United Healthcare Options PPO providers</td>
<td>For out-of-area residents, students, and other travelers if services are provided by United Healthcare Options PPO providers</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$2,500 per person / $4,000 per family</td>
<td>$2,500 per person / $4,000 per family</td>
<td>$2,500 per person / $4,000 per family</td>
<td>$3,000 per person / $6,000 per family (Note: Out-of-pocket maximums include the deductible)</td>
</tr>
<tr>
<td>Total annual in-network and out-of-network</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>
## Medical: 2017 UPlan Biweekly Rates

### EMPLOYEE-ONLY

<table>
<thead>
<tr>
<th>Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
</tr>
<tr>
<td>Medica ACO Plan: Crookston area, Duluth area &amp; parts of northeastern Minnesota, Rochester area, Twin Cities metro area</td>
</tr>
<tr>
<td>Medica Choice National</td>
</tr>
<tr>
<td>Medica HSA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Cost</strong></td>
</tr>
<tr>
<td>$38.33</td>
</tr>
<tr>
<td>$28.07</td>
</tr>
<tr>
<td>$68.77</td>
</tr>
<tr>
<td>$38.68</td>
</tr>
</tbody>
</table>

### EMPLOYEE AND CHILDREN

<table>
<thead>
<tr>
<th>Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
</tr>
<tr>
<td>Medica ACO Plan: Crookston area, Duluth area &amp; parts of northeastern Minnesota, Rochester area, Twin Cities metro area</td>
</tr>
<tr>
<td>Medica Choice National</td>
</tr>
<tr>
<td>Medica HSA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Cost</strong></td>
</tr>
<tr>
<td>$99.68</td>
</tr>
<tr>
<td>$81.01</td>
</tr>
<tr>
<td>$151.34</td>
</tr>
<tr>
<td>$100.66</td>
</tr>
</tbody>
</table>

### EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN

<table>
<thead>
<tr>
<th>Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
</tr>
<tr>
<td>Medica ACO Plan: Crookston area, Duluth area &amp; parts of northeastern Minnesota, Rochester area, Twin Cities metro area</td>
</tr>
<tr>
<td>Medica Choice National</td>
</tr>
<tr>
<td>Medica HSA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Cost</strong></td>
</tr>
<tr>
<td>$149.07</td>
</tr>
<tr>
<td>$122.91</td>
</tr>
<tr>
<td>$227.91</td>
</tr>
<tr>
<td>$150.27</td>
</tr>
</tbody>
</table>

If your appointment is 75% to 100% time, you will pay “Employee Cost” per pay period.
If your appointment is 50% to 74% time, you will pay “Total Cost” per pay period.

You pay the Standard Rates as a new employee. However, if you earn the required number of points in the Wellness Program from your effective date of coverage to August 31, 2017, the points you earn can reduce your 2018 UPlan medical rates by either $400 or $600 a year depending on the coverage level you have selected.
YOUR DENTAL COVERAGE

The dental plan options that are available to you vary by geographic location. You can choose any dental plan that is available in the county where you live or work.

All of the dental plans available to you provide comprehensive coverage for most conditions requiring dental diagnosis and treatment, including many preventive and restorative services and orthodontic treatment for children.

There are some differences in the coverage of specific services and in your out-of-pocket costs. You should carefully review the benefits provided by the plans available in your area to help you determine which plan best meets your needs.

One difference in the plan options is how the benefits for fillings are determined:

» Delta Dental Premier, HealthPartners Dental Choice, and University Choice pay benefits based on composite (white) fillings throughout the mouth.

» Delta Dental PPO and HealthPartners Dental pay benefits based on composite fillings in the front of the mouth and on amalgam (silver) fillings in the back of the mouth.

As you consider your options, you may want to check which of the UPlan dental plans your dentist participates in and enroll accordingly. Call the plan’s helpline to verify that the dentist is in the network.

Since some dental plan networks are available in parts of the state, you may have different options than someone living in another county.

Base plans
Delta Dental PPO in the Twin Cities and Duluth areas and Delta Dental Premier in Greater Minnesota are the plans with networks available to most employees, are the most widely used options in those areas, and factor most in the rate calculations.

Rate tiers
Who you cover under your plan determines which rate tier will apply to you:

» Employee only;

» Employee and Children; or

» Employee and Spouse with or without Children.

You may also waive or elect not to have coverage.

Rates
The University of Minnesota pays 88% of the cost of Employee-only coverage and 52% of the cost of each tier with dependent coverage for the base plan for your geographic location. For other plans, your rate will include the additional cost of that plan.

How to enroll
Make your selection online through MyU within the first 30 days of your employment or newly benefits-eligible position.

The dental plan in which you enroll will send a member ID card to your home.
The base plan available to you is determined by your geographic location.

- **Twin Cities metropolitan area and northern and southern surrounding counties**
  - Base Plan: Delta Dental PPO

- **Duluth area**
  - Base Plan: Delta Dental PPO

- **Greater Minnesota**
  - Base Plan: Delta Dental Premier

<table>
<thead>
<tr>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>University Choice</th>
<th>UPlan HealthPartners Dental</th>
<th>UPlan HealthPartners Dental Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 Minnesota counties, border communities, and the national Delta Dental PPO network</td>
<td>86 Minnesota counties, border communities, and the national Delta Dental PPO and Delta Dental Premier networks</td>
<td>Minnesota and nationwide</td>
<td>Minnesota and border communities</td>
<td>Minnesota and border communities</td>
</tr>
</tbody>
</table>
Dental: Plan Descriptions

You do not need to select a primary dental clinic when you enroll. To learn more about specific benefits for the dental plans, review the Plan Comparison on the following pages.

**DELTA DENTAL PPO** is an affordable, network-only plan. This plan offers benefits and the greatest cost savings when receiving care from a dentist participating in the Delta Dental PPO network, except for out-of-area emergencies. The Delta Dental PPO network includes nearly 1,700 participating dentists and specialists in 75 Minnesota counties and border communities. Additionally, the national Delta Dental PPO network offers 89,500 participating dentists across the country.

**DELTA DENTAL PREMIER** is a flexible plan that offers access to the broad Delta Dental Premier network, as well as access to the more cost-effective Delta Dental PPO network. The Delta Dental Premier network is the largest dental network in Minnesota with more than 3,100 participating dentists and specialists in Minnesota and border communities. Delta Dental Premier is also the largest dental network in the country with over 145,000 participating providers. Seeing a dentist in either of the Delta Dental networks will help you make the most of your benefits and can result in lower out-of-pocket costs.

**UNIVERSITY CHOICE** is administered by Delta Dental and offers freedom to see any provider of your choice. Seeing a dentist who participates in the Delta Dental PPO or Delta Dental Premier networks may result in lower out-of-pocket costs, in addition to waiving the $50 deductible under this program. While you can always visit an out-of-network dentist, your out-of-pocket costs may be higher.

**UPLAN HEALTHPARTNERS DENTAL** is an affordable, network-only plan. Under this plan you must go to a dentist participating in the network to receive benefits, except for out-of-area emergencies. This plan’s network has more than 1,500 dentists and specialists at over 1,000 dental clinics in Minnesota and border communities.

**UPLAN HEALTHPARTNERS DENTAL CHOICE** is a broad network plan that also offers out-of-network benefits. Seeing a dentist in the HealthPartners network will help you receive the highest level of benefits. The network for this plan has more than 2,600 dentists and specialists at over 1,700 dental clinics in Minnesota and border communities.

For more information on Delta Dental Premier, Delta Dental PPO, and University Choice:
- Customer Service: 651-406-5916
- Toll free: 800-448-3815
- TTY: 1-888-853-7570
- [www.deltadentalmn.org/uofm](http://www.deltadentalmn.org/uofm)

For information on UPlan HealthPartners Dental and UPlan HealthPartners Dental Choice:
- Customer Service: 952-883-5000
- Toll free: 800-883-2177
- TTY: 952-883-5127
- [www.healthpartners.com/uofm](http://www.healthpartners.com/uofm)
## Dental: 2017 UPlan Biweekly Rates

### EMPLOYEE-ONLY COVERAGE

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities &amp; Duluth Base Plan</td>
<td>$2.02</td>
<td>$14.82</td>
<td>$16.84</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$2.02</td>
<td>$18.62</td>
<td>$20.64</td>
</tr>
<tr>
<td>University Choice</td>
<td>$8.95</td>
<td>$14.82</td>
<td>$23.77</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$5.82</td>
<td>$14.82</td>
<td>$20.64</td>
</tr>
<tr>
<td>HealthPartners Dental</td>
<td>$3.87</td>
<td>$14.82</td>
<td>$18.69</td>
</tr>
<tr>
<td>HealthPartners Dental Choice</td>
<td>$5.52</td>
<td>$14.82</td>
<td>$20.34</td>
</tr>
</tbody>
</table>

### EMPLOYEE AND CHILDREN COVERAGE

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities &amp; Duluth Base Plan</td>
<td>$19.35</td>
<td>$20.97</td>
<td>$40.32</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$19.35</td>
<td>$29.84</td>
<td>$49.19</td>
</tr>
<tr>
<td>University Choice</td>
<td>$35.92</td>
<td>$20.97</td>
<td>$56.89</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$28.23</td>
<td>$20.97</td>
<td>$49.20</td>
</tr>
<tr>
<td>HealthPartners Dental</td>
<td>$25.06</td>
<td>$20.97</td>
<td>$46.03</td>
</tr>
<tr>
<td>HealthPartners Dental Choice</td>
<td>$29.01</td>
<td>$20.97</td>
<td>$49.98</td>
</tr>
</tbody>
</table>

### EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN COVERAGE

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities &amp; Duluth Base Plan</td>
<td>$22.45</td>
<td>$24.32</td>
<td>$46.77</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$22.45</td>
<td>$34.86</td>
<td>$57.31</td>
</tr>
<tr>
<td>University Choice</td>
<td>$41.85</td>
<td>$24.32</td>
<td>$66.17</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$32.99</td>
<td>$24.32</td>
<td>$57.31</td>
</tr>
<tr>
<td>HealthPartners Dental</td>
<td>$27.64</td>
<td>$24.32</td>
<td>$51.96</td>
</tr>
<tr>
<td>HealthPartners Dental Choice</td>
<td>$32.10</td>
<td>$24.32</td>
<td>$56.42</td>
</tr>
</tbody>
</table>

If your appointment is 75% to 100% time, you will pay “Employee Cost” per pay period.

If your appointment is 50% to 74% time, you will pay “Total Cost” per pay period.
### Dental: Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th><strong>DELTA DENTAL PREMIER</strong></th>
<th></th>
<th><strong>DELTA DENTAL PPO</strong></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network coverage only</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Emergency dental services provided same as eligible dental services</td>
<td>After $125 annual deductible, emergency dental services provided same as eligible out-of-network services</td>
<td>In-network services provided same as any service; out-of-network services apply $50 deductible then same as any in-network service</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic/preventive care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral examinations, dental cleanings, x-rays, special periodontic care, topical fluoride (to age 19), space maintainers</td>
<td>100% coverage</td>
<td>50% coverage</td>
<td>100% coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Basic restorative care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings (customary restorative materials)</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Coverage on back teeth based on Composite (white)</td>
<td>Composite (white)</td>
<td>Composite (white)</td>
<td>Amalgam (silver)</td>
<td>Composite (white)</td>
</tr>
<tr>
<td>Coverage on front teeth based on Composite (white)</td>
<td>Composite (white)</td>
<td>Composite (white)</td>
<td>Composite (white)</td>
<td>Composite (white)</td>
</tr>
<tr>
<td>Sealants, to age 19</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Extractions and other oral surgery</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Periodontics (gum disease therapy)</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Endodontics (root canal therapy)</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Restorative crowns</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
</tr>
<tr>
<td>Inlays &amp; onlays, repair of crown</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
<td></td>
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<tr>
<td><strong>Major restorative care</strong></td>
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<td></td>
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<tr>
<td>Fixed or removable bridgework</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
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<tr>
<td>Implants as alternative treatment</td>
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<td>No coverage</td>
<td>50% coverage</td>
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<tr>
<td>Full or partial dentures</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
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<tr>
<td>Denture relines or rebases</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
<td></td>
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<tr>
<td>Orthodontics</td>
<td>80% coverage</td>
<td>50% coverage</td>
<td>80% coverage</td>
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*Orthodontic benefit subject to separate $2,800 lifetime maximum per covered dependent, which does not start over if you change plans.*
# Dental: Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>University Choice</th>
<th>UPlan HealthPartners Dental Choice</th>
<th>UPlan HealthPartners Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum for all benefits per person per contract year is $1,800</strong></td>
<td></td>
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<tr>
<td><strong>Open access</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emergency dental services provided same as eligible dental services</td>
<td>Emergency dental services provided same as eligible dental services</td>
<td>After $125 annual deductible, emergency dental services provided same as eligible out-of-network services</td>
<td>In-network services provided same as any service; out-of-network services apply $50 deductible then same as any in-network service</td>
</tr>
<tr>
<td><strong>Use of Delta network dentists will waive deductible and reduce your cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>100% coverage</strong></td>
<td>100% coverage</td>
<td>50% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td><strong>Use of Delta network dentists will waive deductible and reduce your cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>Composite (white)</td>
<td>Composite (white)</td>
<td>Composite (white)</td>
<td>Amalgam (silver)</td>
</tr>
<tr>
<td>Composite (white)</td>
<td>Composite (white)</td>
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<td>Composite (white)</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td><strong>Use of Delta network dentists will waive deductible and reduce your cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After $50 annual deductible, 50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td>After $50 annual deductible, 50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td><strong>Coverage limited to dependents up to age 19</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80% coverage</td>
<td>80% coverage</td>
<td>50% coverage</td>
<td>80% coverage</td>
</tr>
</tbody>
</table>

* Orthodontic benefit subject to separate $2,800 lifetime maximum per covered dependent, which does not start over if you change plans.
Life Insurance

Basic benefit
The basic life insurance amount is 115% of your base salary, rounded up to the next $1,000, if not already a multiple thereof, with a maximum of $200,000. If your appointment is 50 to 74% time, the amount is based on your part-time salary. Basic employee life is provided to you regardless of your health history.

Additional coverage available
You may apply for additional coverage for yourself and your dependents. You may elect a specified amount of insurance without evidence of insurability—called “guaranteed issue”—if applied for within your first 30 days of employment or newly benefits-eligible position. Evidence of insurability is required on the extra amount if you elect an amount larger than the guaranteed issue or if you do not enroll during your initial enrollment period.

You also have the option to apply for spouse or child life coverage without evidence of insurability for life events such as marriage, or birth or adoption of a child if applied for within 30 days of the event.

Newly eligible without Evidence of Insurability
» You can elect additional employee life insurance in multiples of $1,000 up to an amount equal to the lesser of three times your annual base salary (rounded up to the next $1,000) or $500,000
» You can elect spouse life insurance in multiples of $1,000, up to the amount of $10,000
» You can elect an amount of $10,000 in child life insurance that covers each eligible dependent child

Child life insurance can also be elected during any designated Open Enrollment without evidence of insurability. If your first eligible child dies within 30 days of birth, but prior to enrolling for child coverage, a $10,000 benefit will be paid.

Larger amount than the guaranteed issue or after your initial enrollment period with Evidence of Insurability
» You can elect additional employee life in multiples of $1,000 up to a maximum of $500,000 or, if greater, five times your annual base salary (rounded up to the next $1,000) but not more than $1 million
» You can elect spouse life insurance in multiples of $1,000, up to a maximum of $500,000

AD&D coverage
The amount of life insurance coverage automatically doubles in the event of death by accident, except for child life insurance.

How to enroll
New Employee: Make your election online through MyU within the first 30 days of your employment or newly benefits-eligible position.

For amounts above what you can obtain as a new employee without evidence of insurability, you must complete the underwriting process. To apply, go to humanresources.umn.edu/life-insurance/additional-life-insurance and print and complete a copy of the enrollment form. Return the form to Employee Benefits, and it will be forwarded to Securian who will contact you with instructions on how to access their website to submit your health history electronically.

Note: If you apply for an increase in your life insurance while you are on a partial or total leave of absence and coverage is approved by Securian, the insurance will be effective upon your return to full-time work.

Basic Life rates
The University pays the full cost of basic employee life insurance if you are employed 75% to 100% time. If you are employed 50% to 74% time, you pay $.066 per $1,000 coverage per pay period based on your part-time salary rounded to the next $1,000.

Basic life insurance has a reduction schedule tied to the retirement age used by Social Security. If you are age 67 or older, basic life is reduced to 65% at age 70, basic life is reduced to 50%; at age 75, basic life is reduced to 25% of the original benefit.
Life Insurance

Additional Life Insurance Rates
You pay the full rate for additional life coverage through payroll deductions. Coverage and rates include a matching Accidental Death and Dismemberment (AD&D) benefit.

<table>
<thead>
<tr>
<th>Attained age of employee or spouse</th>
<th>2017 Rate Per $1,000 Per Biweekly Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.018</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.018</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.025</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.027</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.044</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.074</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.114</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.183</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.292</td>
</tr>
<tr>
<td>70-74</td>
<td>$0.468</td>
</tr>
<tr>
<td>75-79</td>
<td>$0.750</td>
</tr>
<tr>
<td>80-84</td>
<td>$1.212</td>
</tr>
<tr>
<td>85+</td>
<td>$2.416</td>
</tr>
</tbody>
</table>

Child Life rates
One premium insures each eligible child for $10,000 of coverage.

<table>
<thead>
<tr>
<th>Coverage amount</th>
<th>Total rate per pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$0.42</td>
</tr>
</tbody>
</table>

Accelerated benefit option
Both the basic and additional insurance plans have an accelerated option. This means if you or a family member become terminally ill, you may be able to collect the full amount of the life insurance benefit prior to death. Call the customer service number at 866-365-3834 at Securian for details.

Beneficiary designation
Life events such as marriage, divorce, or the birth/adoption of a child are the time to evaluate life insurance coverage and review or update your beneficiaries.

Securian maintains beneficiary designations for employees on their secure website, which makes the beneficiary information readily available for you to elect, store, and update while also protecting the privacy of your designations. Visit www.LifeBenefits.com/plandesign/umn and log in using the instructions on the website to securely designate your beneficiary with Securian.

Your user ID is the letters UM followed by your seven-digit employee ID number (example: UM1234567), and your initial password is your eight-digit date of birth followed by the last four digits of your Social Security number. After your initial log in, you will be prompted to change your password. You are strongly encouraged to set up password help at that time.

You may view or update your beneficiary designation at any time during the year. If you have no named beneficiary, your current beneficiary is the beneficiary listed in the plan.

Note: Your term life insurance plan includes the following services at no additional cost.

Legal services
Legal services are provided through Ceridian HCM, Inc. The services offer the ability to draft a simple will, financial power of attorney, living wills, or final arrangements using established legal formats. It also includes a free 30-minute consultation with an attorney for each unique legal issue. You can purchase additional legal services beyond the 30 minutes at a 25 percent discount through LifeWorks.

Additional information is available at lifeworks.com.
Username: lfg; Password: resources, or by calling 1-877-849-6034.

Legacy planning services
Active and retired employees covered under the group life program and their families can access resources designed to help them deal with the loss of a loved one or plan for their own death. Sharing your plans with loved ones ensures they are followed after your death. These resources are available at www.LegacyPlanningResources.com.
Voluntary Short-term Disability

Overview
Voluntary Short-term Disability coverage provides an income to help meet your financial obligations if you became disabled and unable to work for an extended period of time. Benefits are paid from the first day of a disability due to an accident, or the eighth day of a disability due to sickness or pregnancy.

You can elect an amount to replace up to 66-2/3 percent of your salary but no more than $5,000 per month. If you become disabled, benefits may be paid for up to 26 weeks for a continuous disability.

Rates
The employee biweekly rate depends both on the monthly benefit for which you are eligible and the amount that you elect. The maximum monthly benefit amount is your annual salary multiplied by 66.67 percent; divided by 12; and rounded down to the nearest $100.

You may select any benefit amount shown in the chart up to the lesser of your Maximum Monthly Benefit Amount or $5,000.

How to enroll
Make your selection online through MyU within your first 30 days of employment or newly benefits-eligible position.

Disability coverage is provided by Cigna.

<table>
<thead>
<tr>
<th>Maximum Monthly Benefit Amount</th>
<th>Biweekly Rate</th>
<th>Maximum Monthly Benefit Amount</th>
<th>Biweekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300</td>
<td>$1.75</td>
<td>$2,700</td>
<td>$15.74</td>
</tr>
<tr>
<td>$400</td>
<td>$2.33</td>
<td>$2,800</td>
<td>$16.32</td>
</tr>
<tr>
<td>$500</td>
<td>$2.92</td>
<td>$2,900</td>
<td>$16.91</td>
</tr>
<tr>
<td>$600</td>
<td>$3.50</td>
<td>$3,000</td>
<td>$17.49</td>
</tr>
<tr>
<td>$700</td>
<td>$4.08</td>
<td>$3,100</td>
<td>$18.07</td>
</tr>
<tr>
<td>$800</td>
<td>$4.66</td>
<td>$3,200</td>
<td>$18.66</td>
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<tr>
<td>$900</td>
<td>$5.25</td>
<td>$3,300</td>
<td>$19.24</td>
</tr>
<tr>
<td>$1,000</td>
<td>$5.83</td>
<td>$3,400</td>
<td>$19.82</td>
</tr>
<tr>
<td>$1,100</td>
<td>$6.41</td>
<td>$3,500</td>
<td>$20.41</td>
</tr>
<tr>
<td>$1,200</td>
<td>$7.00</td>
<td>$3,600</td>
<td>$20.99</td>
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<tr>
<td>$1,300</td>
<td>$7.58</td>
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<td>$1,400</td>
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<td>$1,500</td>
<td>$8.75</td>
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</tr>
<tr>
<td>$2,600</td>
<td>$15.16</td>
<td>$5,000</td>
<td>$29.15</td>
</tr>
</tbody>
</table>
**Overview**

Voluntary Long-term Disability benefits are payable after you have been continuously disabled for 180 days and remain disabled with the maximum benefit period up to the Social Security normal retirement age.

You may apply for a monthly LTD Benefit in multiples of $100 from $300 per month to the lesser of $5,000 or 60 percent of your monthly earnings, subject to pre-existing conditions.

**Pre-existing conditions**

Pre-existing conditions are not covered for the first 24 months after insurance takes effect. A pre-existing condition is a mental or physical condition, diagnosed or not, for which you have consulted a physician, received medical treatment, services or advice, undergone diagnostic procedures, or taken prescribed drugs during the 12-month period just before your LTD insurance becomes effective.

**Rates**

The employee biweekly rate depends on the monthly benefit for which you are eligible and the amount that you elect. The maximum monthly benefit amount is your annual salary multiplied by 60 percent; divided by 12; and rounded down to the nearest $100. You may select any benefit amount shown in the chart up to the lesser of your Maximum Monthly Benefit Amount or $5,000.

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### Maximum Monthly Benefit Amount vs Biweekly Rate

<table>
<thead>
<tr>
<th>Maximum Monthly Benefit Amount</th>
<th>Biweekly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300</td>
<td>$1.17</td>
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<tr>
<td>$400</td>
<td>$1.56</td>
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<td>$1.95</td>
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<tr>
<td>$600</td>
<td>$2.34</td>
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<tr>
<td>$700</td>
<td>$2.73</td>
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<td>$800</td>
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<tr>
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<td>$3.51</td>
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<td>$1,100</td>
<td>$4.29</td>
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<tr>
<td>$2,100</td>
<td>$8.19</td>
</tr>
</tbody>
</table>

**How to enroll**

Make your selection online through MyU within your first 30 days of employment or newly benefits-eligible position.

Disability coverage is provided by Cigna.

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The Maximum Monthly Benefit Amount is the most you could expect to receive from all sources of disability income, e.g., Social Security, pension plans, workers’ compensation, etc.
Flexible Spending Accounts

Overview
The University offers eligible employees two types of Flexible Spending Accounts—a health care account and a dependent daycare account. These Flexible Spending Accounts (FSAs) allow you to pay for related eligible expenses using pre-tax dollars. Because your FSA contributions are taken out before taxes are considered, you lower your income and your tax payments too.

When you enroll, you elect an amount to be withheld from your paycheck before federal, state, and Social Security taxes are withheld. FSA users save about 30 cents for every dollar deposited into their FSA, depending on their tax bracket. Your election amount is deducted from your pay in equal installments over the remaining pay periods in the calendar year. When you incur an eligible expense, you will submit a claim to ADP Benefit Solutions (ADP).

Please note that if you participate in both the health care and dependent daycare FSA, you may not use money from the dependent daycare account to pay for health care expenses and vice versa.

Deposits and claims
For the health care FSA, you may contribute a minimum of $100 and a maximum of $2,600 each calendar year from your pay.

For the dependent daycare FSA, the maximum amount is $5,000 per household per year.

You may file claims for expenses incurred from your effective date of coverage through March 15, 2018, drawing on deposits made to your account throughout 2017. For expenses incurred between January 1 and March 15 of each year, balances from the previous year are drawn down before deductions are made against the current year’s contributions. You have until March 31, 2018, to submit claims to ADP for eligible expenses from your 2017 FSA.

Use-it-or-Lose-it Rule
The IRS requires that if you do not use all of the money in your FSA for eligible expenses incurred during this 14-1/2-month period, you lose the unused portion. For this reason, you should calculate your expenses carefully before making your election to ensure you will use the full amount.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT
You are eligible to participate in the Health Care FSA if you are an employee who works 17-1/2 hours or more per week.

You may use the health care FSA for an eligible dependent even if that dependent is not covered under your medical or dental plan. Eligible dependents include your spouse, dependent children, and any person who is considered a qualified relative.

If you are enrolling in a health care FSA for the first time for 2017, you will receive a Flexible Spending Account card, a secure VISA®-branded prepaid card from ADP, the University’s FSA Program administrator. This spending account card gives you direct access to your health care funds. ADP partners with UPlan medical and dental providers, and health care claims are automatically submitted to ADP, avoiding the need to pay up front and then submit a claim for health care reimbursement.

For more information on the Health Care and Dependent Daycare Flexible Spending Accounts:

Employee Benefits website: humanresources.umn.edu/benefits/fsa
ADP Customer Service: 1-866-697-6077
To register for an online account, go to: myspendingaccount.adp.com
Flexible Spending Accounts

Eligible expenses
Carefully estimate your health care election and base it on known out-of-pocket expenses such as prescription drug copays, office visit copays, deductibles, planned dental work, prescription eyeglasses, or contact lenses.

However, if you enroll in the Medica HSA medical plan, your claims are limited to out-of-pocket costs for eligible dental and vision expenses.

Use the FSA Eligible Expense Search on the ADP website at myspendingaccount.adp.com to find out if an item or service is covered. That will help you decide how much to put into the FSA.

DEPENDENT DAYCARE FLEXIBLE SPENDING ACCOUNT
You are eligible to participate in the Dependent Daycare FSA if you are an employee who works 17-1/2 hours or more per week, and you are also:
» A single working parent; or
» Married, filing jointly; or
» Head of household with a dependent child

You can use the Dependent Daycare FSA to pay for care of a dependent family member. Eligible dependents include:
» Dependent children under age 13
» Dependents who you may claim as a tax exemption on your federal income tax return who are physically or mentally unable to care for themselves and who regularly spend at least eight hours a day in your household
» Spouse who is mentally or physically incapable of self-care
» Qualified relative

If your last dependent child turns age 13 in 2017, you may cancel your account. Daycare expenses are not covered after your child’s 13th birthday.

Eligible expenses
An eligible expense is the charge you pay for care of your dependents while you (or you and your spouse, if married) work or search for gainful employment.

A full list of eligible expenses and eligible care providers is available by going to the FSA Eligible Expense Search on the ADP website at myspendingaccount.adp.com.

How to enroll
Determine your election amount for the year for the FSA you select and enroll online through MyU within the first 30 days of your employment or newly benefits-eligible position.

To continue your participation in the FSA accounts, you must re-enroll each year during Open Enrollment.
Long-Term Care Insurance

Overview
As you get older, it becomes more likely that you or a dependent will need help with everyday tasks like bathing, dressing, and eating. 70% of people 65 and older can expect to use some form of long-term care during their lives. Long-term care insurance pays for the care that you need when you cannot safely care for yourself, whether it is received at home, in the community, or in a nursing home.

Basic benefit
The University offers a Long-Term Care insurance program with LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan, the largest Blue Cross Blue Shield organization in the United States.

Long-Term Care Insurance is designed to help you protect your retirement savings and other assets. The cost of long-term care services today is around $79,935 per year* and is projected to be $340,000 per year in 30 years*. If you don’t have Long-Term Care Insurance, the money to pay for these expenses may have to come from your savings or your family.

The LifeSecure Long-Term Care Insurance program has a variety of options available to tailor a plan that suits your individual needs.

You can select a total benefit bank between $100,000 and $1 million in today’s dollars. (Policy benefits above $400,000 require full underwriting.) Your monthly benefit can be between $1,000 and $12,000 (1%, 2% or 3% of benefit bank). For example, if you select a total benefit of $150,000 and elect to access 3%, your monthly benefit would be $4,500.

You also have access to more care options including at home, in the community, and in a facility.

Eligibility
You need to be actively at work for a minimum of 20 hours per week to be eligible for long-term care insurance.

Newly hired employees between the ages of 18 to 65 have 90 days from their date of hire to apply for coverage with simplified underwriting.

Your spouse must show evidence of being actively at work on a full-time basis** to be eligible for simplified underwriting.

If you enroll after 90 days, you will have to complete full medical underwriting to get coverage.

Newly hired employees between the ages of 66 to 79 can apply for coverage with full underwriting.

Eligible family members for long-term care insurance, including spouses, parents, grandparents, in-laws, adult children (18 and over), and siblings can apply with full underwriting.

*Genworth 2014 Cost of Care Survey
**Actively at work on a full-time basis means the applicant is between ages 18-65, is a W2 employee who is regularly working 20 or more hours per week at their usual place of employment and has not been absent from work for longer than five days during the 30 days prior to signing the application. LifeSecure requires a check stub to verify employment for the spouse.

How to enroll
The enrollment process is completed directly with LifeSecure Insurance Company. Visit the LifeSecure enrollment website at www.uofmnltc.com or call the Long-Term Care enrollment line at 855-549-8911 to talk one-on-one with a Long-Term Care enrollment counselor who can answer your questions and help you enroll.
Additional Medical Benefit: Convenience Care

**Walk-in clinics**
For fast and affordable care for certain common ailments that have specific treatments, go to the Gopher Quick Clinic walk-in clinics on the Twin Cities campus or QuickCare on the Duluth campus. These clinics and other walk-in clinics, such as the MinuteClinic locations in the Twin Cities, are in-network providers for all UPlan Medical Program options.

The walk-in clinics do not require appointments or referrals. There is a $15 to $20 copayment for treatments and screenings depending on your medical plan. There is no copayment for immunizations. In Medica HSA, the cost of the visit is applied to the deductible.

The clinics are staffed by board-certified physician assistants or nurse practitioners trained to diagnose, treat, and write prescriptions when indicated. If necessary, they will refer you to your regular health care provider.

Gopher Quick Clinic is provided through Boynton Health and located in Boynton on the East Bank campus and in 109 Coffey Hall on the St. Paul campus. For more information, refer to Boynton’s website at [www.bhs.umn.edu](http://www.bhs.umn.edu).

QuickCare Clinic is located in Room 247C Kirby Plaza on the Duluth campus. For more information, refer to the website at [www.d.umn.edu/quickcare/](http://www.d.umn.edu/quickcare/).

**Virtual Care**
Virtual care visits are a quick and easy way to get care for common conditions such as allergies, cold or flu, pink eye, and sinus infections that can be safely diagnosed without a physical examination. Through your computer, you connect with a provider to get a diagnosis and treatment, and a prescription when you need one. Visits are often available after clinic hours, sometimes even 24/7.

Zipnosis is available to members in the Fairview and North Memorial Vantage ACO. Virtuwell is the option for members in all other Medica plans, and you may have other options with your provider.

Virtual care visits with providers in your plan’s network are covered. There is a $15 to $20 cost depending on your plan, or applied to the deductible in Medica HSA. If the condition is not appropriate for virtual care, the clinician will guide you to an urgent care facility or advise you to see your primary care provider.

Learn more about your virtual care options online at [www.medica.com/uofm](http://www.medica.com/uofm).

**24/7 Nurse Line**
Health and medical information is available from the OptumHealthSM 24/7 NurseLineSM. Call to get answers to your medical questions from a registered nurse at any time. The toll-free number is on the back of your medical plan member ID card.
Additional Medical Benefit: Travel Program

Travel program provides in-network coverage
When you are traveling or your dependent is a student attending college outside of the plan’s service area, you may still receive in-network benefits for medical services if you use a provider in the designated networks from Medica. To be eligible for this benefit, your permanent residence must be in the plan’s service area.

Medica offers a travel program for members in Medica Elect/Essential, Medica ACO Plan, and Medica Choice Regional.

This benefit will make it possible for you or your covered dependents to access the UnitedHealthcare Options PPO network only when traveling outside of Medica’s service area and receive in-network benefits. However, chiropractic and transplants are not part of the travel program. Your out-of-network or emergency benefit will apply for these services if you are traveling.

To locate a UnitedHealthcare Options PPO network provider, you may visit www.medica.com/uofm and click on the link for “Travel Program” to access the travel network. Or you may call the customer service phone number listed on the back of your Medica member ID card.

Note: The ability to travel outside of the Medica service area is already included in the Medica Choice National and Medica HSA plan options. Medica Choice National and Medica HSA also allow a member to live outside of the service area.
**Additional Medical Benefit: Global Assistance**

**UnitedHealthcare Global:**
- Emergency medical and travel assistance
- Political and natural disaster evacuation coverage

UPlan members and their covered family members are automatically enrolled in UnitedHealthcare Global, an emergency medical assistance program. This service provides multilingual assistance 24-hours a day plus immediate help in a travel-related emergency, whether you are 100 miles from home or traveling internationally.

**Medical and dental help 24/7**

UnitedHealthcare Global provides worldwide medical and dental referrals 24 hours a day, seven days a week. They will assist you with locating the nearest appropriate health care provider or coordinating admission into a hospital. The service offers medical evacuation if your doctor and UnitedHealthcare Global determine that you need to be transported to another facility due to an injury or illness.

International hospital and medical expenses through UnitedHealthcare Global are covered as in-network benefits, subject to the usual terms and conditions of your UPlan coverage for emergency and urgent care. If care does not go through UnitedHealthcare Global, it would be considered out-of-network.

**Help to get home safely in a political or natural disaster emergency**

UnitedHealthcare Global will help make flight arrangements, including tickets, visas, and logistical arrangements in case you are involved in a political or natural disaster emergency. They will provide transportation to a safe departure point if you need to be evacuated due to a political or security situation or a natural disaster.

**Other services offered**

You can also turn to UnitedHealthcare Global to replace lost or stolen passports or tickets, for an emergency cash advance, or translation services. The toll-free and collect call numbers are on your UnitedHealthcare Global ID card.

You are encouraged to go to the Employee Benefits website at [humanresources.umn.edu/medical-plans/unitedhealthcare-global](http://humanresources.umn.edu/medical-plans/unitedhealthcare-global) for a summary of the program definitions, conditions, and limitations and a link to UnitedHealthcare Global.

Set up your account and take advantage of all the travel benefits including medical intelligence reports, travel guides, and world watch—including security alerts, travel registry, and pre-travel checklists.

If you need an ID card for yourself or for another covered family member, log in to your account and print one from the website.

**Traveling abroad on University business?**

According to University policy, faculty and staff traveling on University business outside of the United States must register at [travelregistry.umn.edu](http://travelregistry.umn.edu) so the University can help you prior to your trip and in case of an emergency. You can also find out more about travel discount opportunities that are available to all University employees.
Wellness Program

Wellness
The Wellness Program offers a number of resources to help you meet your own wellbeing and fitness goals and be rewarded for it.

How the Wellness Program works
Through the Wellness Program you earn points for many different types of wellness activities that help you manage stress, be more active, eat better, and learn more about your health. For instance, you can get rewarded for taking an online assessment, by volunteering, exercising regularly at a gym, meeting with a wellness coach, or taking a class to reduce your stress. Find activities that interest you from the full list of program options on the next page.

Program year: October 1, 2016, to August 31, 2017
The points you earn add up to real savings on your 2018 UPlan medical rates—either $400 or $600 a year depending on who is covered under your UPlan medical plan. Look at this table to see how many wellness points you need for a full reward:

<table>
<thead>
<tr>
<th>If your UPlan coverage is:</th>
<th>You need to earn at least:</th>
<th>To save this amount in 2018:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>400 points</td>
<td>$400</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>400 points</td>
<td>$400</td>
</tr>
<tr>
<td>Employee and Spouse with or without Children</td>
<td>600 points</td>
<td>$600*</td>
</tr>
</tbody>
</table>

*If your spouse is covered by the UPlan, he or she can earn a maximum of 200 of the 600 points.

New Employee: Earning points
The date your benefits are effective and when you enroll in benefits affects how you qualify for an annual rate reduction.

» If your UPlan medical plan benefits are effective between February 1 and May 1, 2017, you need to complete the wellness assessment by August 31, 2017, and you need to obtain the full amount of wellness points (400 or 600) from other wellness activities and programs no later than August 31, 2017.

» If your UPlan medical plan benefits are effective between June 1 and August 1, 2017, you can reduce your contribution for 2018 when you take the wellness assessment by August 31, 2017. If your benefits are effective September 1, and you have enrolled in benefits by August 31 you have until Friday, September 8, 2017, to complete the wellness assessment to be eligible to earn a 2018 reduction.

» If your UPlan medical plan benefits are effective and/or you enroll on September 1, 2017, or later, you may begin to earn wellness points for 2019 starting on October 1, 2017.

How to get started earning your points
There is no right or wrong way to start earning points in the Wellness Program. The steps below are just an example of one common path to getting started by using the health assessments to give you a jump start on your points.

Step 1: Enroll in your medical plan
Step 2: Ten days after your benefits are effective, go to z.umn.edu/well to find your link to log in to Stay-Well Online.

Step 3: Once on your personal StayWell profile page, click the “Start your wellness assessment” button in the middle of the screen. The wellness assessment takes about 10 minutes and is a fast and easy way to earn 150 points right away.

Step 4: Log on to z.umn.edu/biometric to find out how to set up a biometric health screening. When you successfully complete a screening, you’ll earn another 150 points.

Step 5: At any time, you can access your StayWell Online profile page and click the “Programs and Points” tab to find information about program options and your points.

While many people begin by taking the wellness assessment and setting up a biometric health screening, how you choose to earn wellness points is completely up to you.

Connecting with Wellness: StayWell Helpline: 866-341-1170  
z.umn.edu/well    well@umn.edu
## Wellness Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Program</th>
<th>Wellness Points</th>
<th>Enroll no later than</th>
<th>Complete by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Assessments</td>
<td>Wellness Assessment</td>
<td>150</td>
<td>Open</td>
<td>March 31</td>
</tr>
<tr>
<td></td>
<td>Biometric Health Screening</td>
<td>150</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td>Wellness My Way</td>
<td>Annual Flu Shot Pledge</td>
<td>25</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Non-Tobacco User Pledge</td>
<td>25</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Self-Reported Wellness Activity</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Self-Reported Volunteer Pledge</strong></td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Advance Care Directive (Honoring Choices)</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td>Be Active</td>
<td>Bike Commuter</td>
<td>75/125</td>
<td>May 31</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Gym Reimbursement-Fit Choices</td>
<td>75/125</td>
<td>February</td>
<td>July 31</td>
</tr>
<tr>
<td></td>
<td>Walking Program: 10K-A-Day</td>
<td>50</td>
<td>June 30</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Health Trails: 6-week challenge</strong></td>
<td>50</td>
<td>January 30</td>
<td>March 10</td>
</tr>
<tr>
<td>Manage Your Health</td>
<td>Weight Watchers on Campus*</td>
<td>150</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Renew Weight Management*</td>
<td>150</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Health Pregnancy</td>
<td>100</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Digital Workshops (Complete 4 out of 6)</strong></td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td>Coaching and Support</td>
<td>Telephone Health Coaching-Manage a Chronic Condition</td>
<td>250</td>
<td>May 31</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Telephone Health Coaching - Make a Lifestyle Change</td>
<td>200</td>
<td>May 31</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Face-to-Face Health Coaching</td>
<td>200</td>
<td>April 30</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Self-Directed Coaching</td>
<td>50</td>
<td>May 31</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Medication Therapy Management</td>
<td>100</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Specialty Therapy Management</td>
<td>100</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Stress Management Coaching (Twin Cities)</strong></td>
<td>150</td>
<td>April 30</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Stress Less (Morris) *</td>
<td>150</td>
<td>April 30</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Four Cornerstones of Financial Literacy</strong></td>
<td>150</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td>University Wellness Classes</td>
<td>Group Strength Express*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Heart Rate Express*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Kettlebell Express*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Yoga 101*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Cross Training Express</strong></td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Mindfulness in Motion*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Mindfulness-Based Stress Reduction*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Cooking for Wellness - The Basics*</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td><strong>Cooking for Wellness - Getting Creative</strong></td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
<tr>
<td></td>
<td>Eat Well on Campus</td>
<td>50</td>
<td>Open</td>
<td>August 31</td>
</tr>
</tbody>
</table>

There is a lifetime limit on reimbursements for participating in some activities. Check if your activities have reimbursement limits at [z.umn.edu/well](http://z.umn.edu/well).
MEDICATION THERAPY MANAGEMENT

UPlan members who take four or more UPlan-covered prescription and covered over-the-counter medications for chronic conditions, have a referral from their physician, or have diabetes are eligible for the Medication Therapy Management (MTM) program.

What to expect with MTM

The purpose of MTM is to be sure that your medications are appropriate, effective, safe, and convenient. MTM is set up as a private, face-to-face meeting between you and a specially trained pharmacist. The pharmacist will complete a comprehensive health assessment and review all of your prescription, over-the-counter, and herbal medications. Your MTM pharmacist will educate you on your medications, answer your questions, and develop a medication therapy treatment plan that you can share with your primary care provider. By doing this review the pharmacist can identify, resolve, and prevent medication-related problems.

The UPlan pays the full cost of MTM services so there is no copay or other cost to you for the consultations with the pharmacist.

MTM pharmacists

MTM is a specialized service with a limited network of MTM pharmacists located in clinics and community pharmacies. The pharmacists in the UPlan MTM program have received education on the delivery of MTM during their degree program, or they completed an additional, approved, continuing education course on providing MTM services to meet the credentialing standards for the UPlan.

The MTM pharmacist does not need to be in your own medical plan and clinic or your usual pharmacy. MTM pharmacists serve all five campuses. The directory of MTM pharmacists is online at humanresources.umn.edu/pharmacy-program/medication-therapy-management.

Wellness Points

You will earn 100 wellness points for meeting with an MTM pharmacist three times or more between the program dates of October 1, 2016, to August 31, 2017.

SPECIALTY THERAPY MANAGEMENT

UPlan members who need specialty medications to manage more complicated medical conditions are eligible to enroll in the Specialty Medication Management program offered by Fairview Specialty Pharmacy.

What to expect with Specialty Therapy Management

The program applies to members using specialty medications for multiple sclerosis, rheumatoid arthritis, hepatitis C, psoriasis/psoriatic arthritis, Crohn’s disease, or cystic fibrosis. You will receive support and education about how to take specialty medications safely to get the most benefit from them. You will learn how to reduce side effects, know when to contact your physician if there is a problem, and find help paying for your specialty medications.

Specialty Therapy Management Pharmacists

Most specialty drugs will be provided exclusively through Fairview Specialty Pharmacy and Fairview clinic and hospital pharmacies. In Duluth, specialty drugs will also be available at Essentia Health and Northland. Find more information about specialty medications at www.fairviewspecialtyrx.org/uplan.

Wellness Points

You will earn 100 wellness points for completing three coaching sessions with a specialty therapy nurse between the program dates of October 1, 2016, to August 31, 2017.
**Family status change**

To make changes in your medical, dental, additional life coverage, or flexible spending accounts after you are first eligible or outside of the annual open enrollment period, you must have a change in family status. The coverage change must be consistent with the family status change. A request for change in your coverage due to a family status change must be made within 30 days of the date of change. If you fail to apply for a change in coverage within 30 days of the family status change, you will not be able to make a change until the next available open enrollment period.

Family status changes include:

- Change in legal marital status, including marriage, divorce, or annulment
- Death of your spouse or last eligible dependent child
- Birth or adoption of your eligible dependent child
- Change in last dependent child’s eligibility because of age
- Commencement or termination of employment for you, spouse, or dependent
- Change in your or your spouse’s employment status from part time to full time or from full time to part time
- Change in the place of residence or worksite for you, spouse, or dependent to a location outside of the current plan’s service area and the current plan is not available

Call the Employee Benefits Service Center if you have more specific questions about changes in your coverage.

**Transition of care**

If you are in the middle of treatment for a serious medical condition, you may need special assistance to change to a new medical plan option. Transition of care allows for a short-term continuation with your current provider before you begin receiving care from a provider in your new medical plan’s network.

A current course of treatment is defined as having received consultation or treatment from a provider for a specific condition within 90 days prior to your effective date with Medica. The care coordinators at Medica will work with your medical providers and assist you with completing the form and other steps for short-term continuation with your current provider.

**Medicare eligible? Let your medical plan know**

If you or a covered family member have Medicare Part A or B, please be sure to contact your medical plan to let the plan know. You must provide information about Medicare participation so your files can be updated and your claims processed correctly.

If you are age 65 or older and actively working (or your dependent is age 65 or older), you may delay enrollment in Medicare Part B until you are no longer working.

For employees who are actively at work, their medical plan must pay first (primary) on all claims. Your medical plan carrier will then submit any remaining charges to Medicare for possible payment. Also, please request that your health care provider submit any claims to your medical plan — not to Medicare.

If you or any of your dependents have Medicare Parts A or B due to age or disability, please contact your medical plan to let them know. In this situation, you will not be able to enroll in the Medica HSA Plan.
EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides confidential, professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing. You can request up to eight sessions per year. The program is available to all benefits-eligible employees on all system campuses. Your spouse and immediate family members are also eligible for EAP services.

EAP counseling and consultation for work or personal concerns:

- Job concerns and work productivity
- Personal, interpersonal, and work relationships
- Family issues
- Conflict resolution
- Coping with stress
- Adjustment to grief/loss or change
- Mental health
- Chemical health

EAP services are provided by:
The Sand Creek Group, Ltd.
612-625-2820
888-243-5744
eap@umn.edu
www.sandcreekeap.com

Calls are answered 24 hours a day, seven days a week for counseling or crisis services. Counseling and consultation services are available via telephone or in-person with a professional counselor. Appointments can be scheduled with counselors at a location convenient for you across greater Minnesota, in the Twin Cities, or at the Donhowe Building on the Twin Cities campus.

FINANCIAL COUNSELING

You and your family members have access to confidential, financial counseling from Financial Choice, an enhanced level of service from LSS Financial Counseling. With 27 years of experience, LSS Financial Counseling program is the largest provider of full-service, community-based financial counseling and financial education in Minnesota.

Enhanced services include up to six sessions per year of financial counseling, free and confidential, with a certified financial counselor for issues such as budget & debt counseling; credit report review; student loan repayment counseling; foreclosure prevention; or reverse mortgage counseling. Some other services, such as bankruptcy counseling and debt management plan contracts have a separate fee.

Financial Choice also gives you access to counselor-on-call for brief financial counseling and priority scheduling within three business days.

Services are available either in person at various locations around the state, by telephone, or online. You may contact LSS Financial Counseling at 1-800-528-2926 for an individual appointment or visit http://www.lssmn.org/umn/ for personal finance resource sheets, the blog called Sense & Centsability, and financial calculators.

With LSS Financial Counseling, you can work to achieve financial success, whether it’s freedom from credit card or student loan debts, improving your credit score, or finding ways to save more for your future.
Overview of retirement plans
The University provides basic retirement plans for both faculty and staff. Participation is mandatory, and there is no waiting period. Your required contributions are taken on a pre-tax basis.

Civil Service and Labor Represented staff
The Minnesota State Retirement System (MSRS), a defined benefit pension plan, is the automatic retirement plan for civil service and non-faculty labor represented staff. Retirement deductions are a percentage of total salary and are paid into the Retirement Fund.

This money is credited to your individual MSRS account and is tax sheltered from both federal and state income tax. The employer contribution is not credited to individual accounts. It is used to help pay the monthly annuities and benefits received from the Retirement Fund. Rates are subject to change by the Legislature.

Faculty and Professional & Administrative (P&A) staff
The Faculty Retirement Plan, a 401(a) contribution plan, is the automatic retirement plan for faculty members and P&A staff in select classifications who work at least 26.75 standard hours per week for not less than nine months in duration.

In addition, you are immediately covered by the Academic Disability Program, which provides medical leave benefits and long-term disability insurance.

Voluntary retirement plans
All faculty, P&A staff, civil service, and labor represented staff members who are paid on a continuous basis are eligible to participate in the two voluntary retirement savings plans – the Optional Retirement Plan and the Section 457 Deferred Compensation Plan. If you wish to increase the amount you are saving for retirement, you may contribute to one or both of these plans.

You can contribute, in each calendar year, the amount allowed under the federal limits. Contributions may be invested in any of more than 300 no-load investment options offered by leading insurance and mutual fund companies.

You pay no federal or state income taxes on the money you put into the plans or on any investment gains until you withdraw funds. And because your contributions are tax-deferred, you reduce your taxable income and pay less in taxes on your take-home pay.

You can increase or decrease your contributions during the year. You may also stop contributions and restart them at a future date.

Which plans allow a rollover of money from a previous qualified retirement plan?
If you want to consolidate your retirement investments, and you have the Faculty Retirement Plan, you are allowed to roll funds into your University account. However, neither MSRS nor the voluntary retirement plans accept rollovers.

For more information
For more detailed information about the basic retirement plan available to you, refer to the Employee Benefits website at humanresources.umn.edu/employee-benefits/retirement.

To request an enrollment kit for either of the two voluntary retirement savings plans, also go to the website. Allow about four weeks for your Optional Retirement Plan enrollment and up to eight weeks for your Section 457 Plan enrollment to be completed. Applications received after November 28 may apply to the next calendar year.
The University of Minnesota provides paid medical leave and long-term disability benefits at no cost to eligible faculty and P&A staff who are unable to perform their work duties due to a certified mental or physical health condition. These benefits are under the Academic Disability Program and administered by the University of Minnesota and Cigna. Faculty and P&A staff are generally considered eligible if they work 26.75 standard hours per week in appointments of at least nine months in duration.

**Income replacement**

If you are eligible for the Academic Disability Program, you receive up to three months of medical leave, based on your scheduled biweekly rate of earnings on your last full day of active work, not to exceed 100% of your current salary. You are required to call Cigna, the claims administrator, at 1-855-207-8099 within 14 days of disability to file a claim for medical leave benefits. Delay in contacting Cigna or in providing required documentation may result in a suspension of benefits.

If your leave of absence is greater than three months, as a new employee, you will receive a disability benefit of 66 2/3% of covered earnings for the remainder of your disability period. (If you become disabled later in your career, this percentage does increase, based on your years of service at the University.) As the University provides this benefit to you at no cost, the benefit you receive is taxable income to you.

**Subsidized Health Coverage**

You are eligible to remain in the University’s UPlan health plan while you are receiving disability benefits. As a new employee, the University will continue to subsidize your medical, dental and basic life insurance during your three-month medical leave only. (If you become disabled later in your career, this subsidy period does increase, based on your years of service at the University.) This means that during the first three months of your leave, you will pay the same amount for your coverage as similarly-situated, active University employees. After your subsidy period expires, you may remain in the UPlan by paying the full cost of the coverage.

**Retirement Plan Contributions**

If you are on an active appointment and are participating in the Faculty Retirement Plan at the onset of disability, you will continue to receive a full contribution to your retirement account while you are receiving disability benefits. The amount of contribution will equal 15.5% of your covered salary in effect on your last full day of active work.

While the principal features of the Academic Disability Program are described here, these descriptions are subject to all of the terms and conditions of the group disability policies and University policy governing sick and disability leaves. Learn more about your disability coverage at humanresources.umn.edu/disability/academic-disability.
Important Notice from the UPlan Medical Program

Important Notice from the UPlan Medical Program for Employees, Early Retirees, Disabled, and COBRA Participants and Dependents Concerning Your Prescription Drug Coverage and Medicare

If you or a covered dependent has Medicare Part A and/or B (or will be eligible within the next 12 months) you’ll want to read this notice about your current Prescription Drug Coverage and Medicare. If not, you can disregard this notice.

NOTE: The Centers for Medicare and Medicaid Services (CMS) regulations require us to send this notification to all individuals with prescription drug coverage who are eligible for Medicare. We're including this information in our Guide for UPlan Benefits Enrollment because we don’t know if you are entitled to Medicare or not. Medicare entitlement includes individuals who qualify for Medicare because of a disability or end-stage renal disease (ESRD), as well as individuals who are over age 65.

READ THIS ENTIRE NOTICE CAREFULLY and keep it where you can find it.

This notice has information about your current prescription drug coverage with the University of Minnesota's UPlan Medical Program for employees, early retirees, disabled, and COBRA participants (and dependents) and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. The eight plans in the University of Minnesota Retiree Medical Program for Over 65 Retirees will automatically enroll you in the Medicare prescription drug benefit and will include coverage that is at least as good as the Medicare prescription drug benefit.

2. The University of Minnesota has determined that the prescription drug coverage offered by the UPlan Employee Medical Program is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

If you have a spouse or dependent on a Medicare plan, separate communications will be sent to them regarding their coverage.

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: November 2016
Sender: University of Minnesota
Office of Human Resources
Employee Benefits
Contact: Employee Benefits
Address: 319 15th Avenue SE,
Minneapolis, MN 55455-0103
Phone: 612-624-8647 or
1-800-756-2363

Because your existing UPlan Employee Medical coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in the Medicare prescription drug program.

If you decide to enroll in a Medicare prescription drug plan and drop your UPlan Employee Medical Program prescription drug coverage, be aware that you cannot get this coverage back.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. When you leave employer coverage you may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.
Important Notice from the UPlan Medical Program

You should also know that if you drop or lose your coverage with your UPlan Employee Medical Program and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

For more information about your options under the Medicare prescription drug coverage

Contact the University of Minnesota Employee Benefits Service Center by calling 612-624-8647 or 1-800-756-2363.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the UPlan Employee Medical Program changes. You also may request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook, which you receive in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. When you are approaching age 65, you will also receive information about the University of Minnesota Retiree Medical Program for Over 65 Retirees.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).
This guide provides an overview of the benefits available to you as an eligible University employee.

Please refer to the Summary of Benefits booklets for a complete description of your medical and dental benefits, their limitations, and exclusions.

If there are any differences between this guide and the Summaries, the Summaries of Benefits will govern.