**NEW EMPLOYEE - BENEFITS ENROLLMENT**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are You Eligible for UPlan Benefits?</td>
<td>3</td>
</tr>
<tr>
<td>Your Options as a New Employee</td>
<td>3</td>
</tr>
<tr>
<td>Follow the Steps in MyU to Enroll</td>
<td>3</td>
</tr>
<tr>
<td>Contact Claims Administrators</td>
<td>4</td>
</tr>
<tr>
<td>When Coverage Becomes Effective</td>
<td>4</td>
</tr>
<tr>
<td>Medicare Eligible?</td>
<td>5</td>
</tr>
<tr>
<td>Family Status Change</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Eligible Dependents and Dependent Eligibility Verification</td>
<td>6</td>
</tr>
</tbody>
</table>

**BENEFITS THAT REQUIRE ENROLLMENT**

**Medical Plan Options**

- Your Medical Coverage                                                   | 7    |
- Medical Plan Descriptions                                              | 7    |
- Medical Plan Additional Benefits                                        | 9    |
  - Walk-in/Convenience Clinics                                            |
  - Virtual Care                                                           |
  - CallLink Nurseline                                                    |
  - Travel Program In-Network Coverage                                    |
  - Redpoint Emergency Assistance                                         |
- Pharmacy Benefits                                                       | 10   |
  - Medication Therapy Management                                          |
  - Specialty Therapy Management                                          |
- Medical Plan Availability - Base Plan Map                               | 11   |
- Medical Plan Availability - ACO Plan Map                                | 12   |
- Medical Plan Comparison                                                 | 13   |
- 2020 UPlan Biweekly Rates                                               | 17   |

**Dental Plan Options**

- Your Dental Coverage                                                   | 18   |
- Dental Plan Descriptions                                               | 18   |
- Dental Plan Availability - Base Plan Map                                | 19   |
- Dental Plan Comparison                                                  | 20   |
- 2020 UPlan Biweekly Rates                                               | 22   |

**Flexible Spending Accounts**

- Health Care FSA                                                        | 23   |
- Dependent Daycare FSA                                                   | 23   |

**Life Insurance**

- Basic Benefit                                                          | 24   |
- Additional Coverage                                                    | 24   |
- Additional Life Rates                                                   | 24   |
- Beneficiary Designation                                                 | 25   |
- Legal, Financial, and Grief Resources                                   | 25   |

**Voluntary Short-term Disability**

- Basic Benefit and Rates                                                | 26   |

**Voluntary Long-term Disability**

- Basic Benefit and Rates                                                | 27   |

**BENEFITS THAT DO NOT REQUIRE ENROLLMENT**

- Academic Disability Program                                             | 28   |

**Wellbeing Program**

- How to Get Started                                                      | 29   |
- Participate in the 2019-20 Wellbeing Program                           | 30   |

**Related Benefits**

- Employee Assistance Program and Financial Counseling                  | 31   |
- Overview of Retirement Plans                                           | 32   |

**Notice about your Prescription**

- Drug Coverage and Medicare                                             | 33   |
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 are 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.

YOUR OPTIONS AS A NEW EMPLOYEE
Your benefit options are:
• Medical coverage
• Dental coverage
• Basic life insurance
• Additional life insurance, including Additional Employee Life, Spouse Life, and Child Life
• 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

You need to select your coverage 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 all the benefits in which you enroll. 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.

Enrollment Checklist
You will receive an email when the enrollment site is ready for you to enroll. Before you go online to enroll, make sure to have this information on hand:
• Your University Internet ID and password to access MyU
• If you are adding family members, have their birth dates and Social Security numbers
• If you are enrolling in Medica Elect/Essential, you will need to select a primary care clinic (PCC) and add the PCC’s 11-digit number. The link to the PCC number is on the medical enrollment page in MyU.

FOLLOW THE STEPS IN MYU TO ENROLL
www.myu.umn.edu
1. Log in to MyU with 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.
5. Review your benefit options.
6. Follow the directions to make your new selections and add each of your dependents to each specific benefit (e.g., medical or dental) that you want them to have.
7. Be sure to click “Submit” on the “Submit Benefits Choices” page to complete your enrollment.
8. If you are not ready to submit your enrollment, save your selections. You must come back before your 30-day deadline to complete your enrollment and click “Submit” on the “Submit Benefits Choices” page.
New Employee – Benefits Enrollment

CONTACT CLAIMS ADMINISTRATORS
Call the plan’s customer service number if you have questions or check their online directory to be sure that your clinic, doctor, or dentist is in the network for your plan choice.

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

Delta Dental: www.deltadentalmn.org/uofm
651-406-5916 or 1-800-553-9536
TTY: 711

FOR MORE INFORMATION
Contact Total Compensation if you have benefits questions:
• Call 4-UOHR (612-624-8647 or 1-800-756-2363). Regular office hours are from 8 a.m. to 4:30 p.m., Monday through Friday
• Email: benefits@umn.edu
• Website: humanresources.umn.edu/benefits

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 Total Compensation to request an enrollment form and the rate for waiting period medical coverage.

Waive benefits or do not enroll
You can elect to waive 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.

Your benefits and payroll taxes
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 for life and disability insurance are paid only on an after-tax basis.

WHEN COVERAGE BECOMES EFFECTIVE
Your coverage will become effective on the first day of the month following your first day of employment or newly benefits-eligible position. 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.

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
New Employee – Benefits Enrollment

When coverage becomes effective due to appointment change
Your 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 10
Effective date of basic benefits: May 1

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

When coverage becomes effective if you are not actively at work on your scheduled effective date
Due either to your or your dependent’s health status or medical disability:

• Medical and dental coverage takes effect on the date your coverage is scheduled to begin.

• Life, disability, and FSA are 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 is delayed until the first day of the pay period coinciding with or following your return to work.

MEDICARE ELIGIBLE? LET YOUR MEDICAL PLAN KNOW
If you or a covered family member have Medicare Part A or B due to age or disability, 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 enrolled in qualified health coverage you may delay enrollment in Medicare Part B until you are no longer enrolled in qualified health coverage.

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 provider — not to Medicare.

FAMILY STATUS CHANGE
To make a coverage change after you are first eligible or outside of the annual open enrollment period, you must have a change in family status such as marriage, or the birth or adoption of a child. A request for a coverage change, consistent with the family status change, must be made within 30 days of the event. Contact Total Compensation if you have questions about a family status change.

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 if 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 Dependent Eligibility Verification

Go to [z.umn.edu/dependenteligibility](z.umn.edu/dependenteligibility) for questions about eligibility. If you add dependents to your UPlan coverage, you need to verify their eligibility by providing documentation such as a tax form or birth, adoption, or marriage certificate. You will receive a verification request from Total Compensation to complete and return to ensure coverage for your dependents. If you do not respond to the verification request, your dependents’ coverage will terminate.

<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. Your spouse must not be working full-time for an employer and receiving cash or credits, either: 1) in place of medical coverage or 2) in exchange for medical coverage with a deductible of $750 or greater.</td>
<td>Qualified</td>
</tr>
<tr>
<td>Dependent Child</td>
<td><strong>Dependent child — birth through age 25 (up to the 26th birthday)</strong> &lt;br&gt; 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. &lt;br&gt; Note: The spouse of your eligible married dependent child is not eligible for coverage.</td>
<td>Qualified</td>
</tr>
<tr>
<td></td>
<td><strong>Disabled child— age 26 or above (no maximum) if physically or mentally disabled and either:</strong> &lt;br&gt; • lives with you and does not provide over 50% of his/her own support, or &lt;br&gt; • does not live with you but is at least 50% dependent on you</td>
<td>Qualified</td>
</tr>
<tr>
<td>Dependent Grandchild</td>
<td><strong>Grandchild as dependent child</strong> — 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><strong>Additional grandchildren eligibility</strong> — 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><strong>Newborns</strong> — 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 26.</td>
<td></td>
</tr>
</tbody>
</table>
Your Medical Coverage

The medical plan options that are available to you vary by location. Each area has a base plan that is widely used and offers low rates and copayments. You can select any medical plan that is available where you live or work.

Your medical plan enrollment includes automatic enrollment in the pharmacy program.

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.

Rates
The University of Minnesota pays toward the cost of employee-only coverage and the cost of each tier with covered dependents for the base plan in your geographic location if your appointment is at least 75 percent time. For plans with costs higher than the base plan rate, your rate includes the additional cost. For plans with costs lower than the base plan rate, your rate is the lower amount.

Enroll
You can enroll your spouse and children in your plan and pay your share of the coverage cost based on the eligible dependents you add. More information on enrolling is available on page 3. Remember—you must enroll within 30 days of your first day of work or newly benefits-eligible position.

The medical plan in which you enroll will send a member ID card to your home.

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.

There are five medical plan options:

Medica Elect/Essential
- This base plan combines two networks that include 20 major health care systems in the Twin Cities and Duluth areas
- Family members choose their primary care clinic (PCC) in either the Elect or Essential care system when they enroll
- Your PCC helps you with referrals to specialists if your care system requires that step
- Elect/Essential has low rates and copays

Medica Choice Regional
- This base plan uses the statewide Medica Choice network in the Greater Minnesota area, including the Crookston, Morris, and Rochester campuses
- You can see any primary care provider or specialist in the network without a referral
- Choice Regional has low rates and copays

Medica Accountable Care Organization (ACO) Plan
- In an Accountable Care Organization (ACO), Medica and the provider network work together to deliver coordinated health care and more member support.
  - The ACO networks are:
    - Crookston area: Altru & You with Medica
    - Duluth area and parts of northeastern Minnesota: Essentia Choice Care with Medica
    - Rochester area: Medica CompleteHealth (featuring care at Mayo Clinic)
    - Twin Cities metro area:
      - VantagePlus with Medica (Fairview, HealthEast, North Memorial, Boynton Health and University of Minnesota Physicians)
      - Park Nicollet First with Medica
      - Ridgeview Community Network powered by Medica
Your Medical Coverage

- An ACO is a good option when you and your eligible family members already use the same provider network
- You can see any primary care provider or specialist in the network without a referral
- Visit medica.com/uofm to learn more about each ACO network’s unique features and services
- The ACOs have the lowest rates and low copays

Medica Choice National

- This is an open access plan with the statewide Medica Choice network and the national United Healthcare Options PPO network for use when traveling or working outside the service area.
- You can see any primary care provider or specialist in the broad network without a referral
- Choice National has high rates and copays

Medica Health Savings Account (HSA)

- This is a high deductible plan with open access to the statewide Medica Choice network and the national United Healthcare Options PPO network for use when traveling or working outside the service area.
- You can see any primary care provider or specialist in the network without a referral
- Annually, the University will contribute $750 for employee-only coverage ($27.77 per pay period) and $1,500 for coverage with dependents ($55.55 per pay period) into the HSA in 2020
- The HSA contribution amount you receive depends on when your coverage becomes effective. The amount is contributed over the number of pay periods remaining in the year
- When enrolling mid-year, the deductible amount is not prorated
- You can make your own contributions to the HSA
- You will receive a debit card to spend HSA dollars for eligible expenses, including eligible pharmacy and medical
- Enrollment in Medica HSA means that you can use a Limited Health Care FSA only for dental and vision expenses
- The HSA plan has moderate rates and high deductibles. You pay for expenses to meet the deductible before the plan pays

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.

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

Walk-in/Convenience clinics
For fast and affordable care for common ailments that have specific treatments, the Gopher Quick Clinic walk-in clinics on the Twin Cities campus and other convenience clinics across the state. Gopher Quick Clinic is in-network for most UPlan Medical members, with the exception of Medica ACO members who do not belong to the VantagePlus network. Costs vary by plan.

z.umn.edu/convenienceclinics

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 a virtual visit, 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. Virtual care visits with providers in your plan’s network are covered. Costs vary by plan.

z.umn.edu/virtual_care

CallLink Nurseline
Medica CallLink connects you with an experienced nurse or advisor for information and advice about general health issues, self-care for minor injuries and illnesses, or finding a new provider. CallLink is open 24 hours a day. Look for the CallLink number on the back of your medical ID card.

z.umn.edu/wellbeing_resources

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 Travel Program network from Medica. To be eligible for this benefit, your permanent residence must be in the plan’s service area.

The travel benefit is offered for members in Medica Elect/Essential, Medica ACO Plan, and Medica Choice Regional. You or your covered dependents can access the UnitedHealthcare Options PPO network only when traveling outside of Medica’s service area and receive in-network benefits.

z.umn.edu/travel_medical

Redpoint:
Emergency Medical & Travel Assistance Services
Political and Natural Disaster Evacuation Coverage
Your Basic Life Insurance plan includes automatic enrollment in Redpoint, an emergency assistance program, for you and your covered family members. This service provides 24/7 multilingual assistance plus immediate help in a travel-related emergency, anytime you are 100 miles or more from home or traveling internationally.

Redpoint services include:
• Worldwide medical and dental referrals and assistance with locating the nearest appropriate health care provider
• Dispatch of doctors or specialists and coordination of admission into a hospital provided you have UPlan medical plan coverage. If necessary, this may include medical evacuation from your current location to the nearest appropriate hospital
• Flight arrangements, including tickets, visas, and logistical arrangements in case you are involved in a political or natural disaster emergency
• Medical services are only available for UPlan Medical Plan participants. If you participate in the University’s Basic Life Insurance benefit but do not participate in the UPlan Medical Plan, then the related medical services will be paid for by the participant

z.umn.edu/emergencytravelmed
Prime Therapeutics and Fairview Specialty Pharmacy provide pharmacy benefits

Your medical plan enrollment includes automatic enrollment in the pharmacy program:

- Prime Therapeutics is the pharmacy benefits manager for all UPlan medical options.
- Fairview Specialty Pharmacy is the exclusive provider of most specialty medications.

The UPlan and the pharmacy benefits manager encourage the use of generic drugs to help control the cost of prescription drugs and keep copays low.

The Prime Therapeutics drug formulary provides safe, effective, high quality, cost-effective medications to ensure the best medical results while also reducing the overall costs for providing prescription benefits.

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

Fairview Specialty Pharmacy provides a high level of support to help you achieve the best outcomes and quality of life with specialty medications, which include most drug products that you inject yourself, plus certain oral drugs that can be a challenge to manage.

Fairview provides home delivery or pickup service of specialty drugs at Fairview clinic and hospital retail pharmacies. Essentia Health and Northland in Duluth are also locations to obtain specialty medications.

Member ID card

You will receive a member ID card from Prime Therapeutics that you also use for Fairview Specialty Pharmacy. Show your member ID card to your pharmacist, who will enter your ID number from your card into their system for prescription processing.

For more information

Call their 24-hour Member Customer Service numbers for questions, to find a participating pharmacy, or obtain specific plan information.

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

MEDICATION THERAPY MANAGEMENT

UPlan members are eligible for the Medication Therapy Management (MTM) program if they 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.

You meet with a specially trained pharmacist who will review your medications to ensure that each is appropriate, effective, safe, and convenient. Learn more at z.umn.edu/pharmacyMTM.

SPECIALTY THERAPY MANAGEMENT

UPlan members who have more complicated medical conditions and need specialty medications to manage their conditions are eligible to enroll in the Specialty Medication Management program offered by Fairview Specialty Pharmacy, or Essentia, or St. Luke’s in Duluth.

You will receive support and education about how to take specialty medications safely to get the most benefit from them, as well as how to reduce side effects and know when to contact your physician if there is a problem. Contact Fairview Specialty Pharmacy directly to enroll.

DID YOU KNOW? Both Medication Therapy Management and Specialty Therapy Management are great ways to earn points in the Wellbeing Program. See page 30 for details.
Plan Availability—Base Plan Map

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

- **Twin Cities metropolitan area and northern/southern surrounding counties**
  - **Base Plan:** Medica Elect/Essential
- **Duluth area**
  - **Base Plan:** Medica Elect/Essential
- **Greater Minnesota**
  - **Base Plan:** Medica Choice Regional

**Other Plans:** Medica Choice National and Medica HSA are available statewide and nationwide.

<table>
<thead>
<tr>
<th>Twin Cities Metro Area</th>
<th>Duluth Area</th>
<th>Greater Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Plan:</strong> Medica Elect/Essential</td>
<td><strong>Base Plan:</strong> Medica Elect/Essential</td>
<td><strong>Base Plan:</strong> Medica Choice Regional</td>
</tr>
<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><strong>Remaining 71 Minnesota counties:</strong> southern half of Carlton; includes Crookston, Morris, and Rochester campuses <strong>2 Wisconsin counties:</strong> Burnett and Polk</td>
</tr>
</tbody>
</table>

**New Employees Guide for UPlan Benefits Enrollment**

11
Plan Availability—Medica ACO

To be eligible for an ACO, you must live or work in the county where the network is offered.

**Twin Cities metro area**
Your ACO options are:
- VantagePlus with Medica
- Park Nicollet First with Medica
- Ridgeview Community Network powered by Medica

Available in these Minnesota counties:
- Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Le Sueur, McLeod, Ramsey, Scott, Sibley, Sherburne, Washington, and Wright.

**Southern Minnesota and western Wisconsin**
Your ACO option is Medica CompleteHealth (featuring care at Mayo Clinic)

Available in these Minnesota counties:
- Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan, and Winona.

Available in these Wisconsin counties:
- Barron, Chippewa, Dunn, and Eau Claire

**Northern Minnesota, eastern North Dakota, and northwestern Wisconsin**
Your ACO option is Essentia Choice Care with Medica

Available in these Minnesota counties:
- Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Mahnomen, Norman, Pine, and St. Louis

Available in these North Dakota counties:
- Cass, Ransom, Richland, and Sargent

Available in these Wisconsin counties:
- Ashland, Bayfield, Douglas, Sawyer and Washburn

**Northwestern Minnesota and northeastern North Dakota**
Your ACO option is Altru & You with Medica

Available in these Minnesota counties:
- Kittson, Marshall, Pennington, Polk, Red Lake, or Roseau

Available in these North Dakota counties:
- Benson, Cavalier, Eddy, Grand Forks, Griggs, Nelson, Pembina, Pierce, Ramsey, Rolette, Steele, Towner, Pierce, and Walsh
## New Employees Guide for UPlan Benefits Enrollment

### Medical: Plan Comparison

#### IN-NETWORK SERVICES

<table>
<thead>
<tr>
<th>Health Care Services</th>
<th>BASE PLAN: Medica Elect/Essential Medica Choice Regional</th>
<th>Medica ACO Plan</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<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% coverage after deductible</td>
</tr>
<tr>
<td>All Walk-in/ Convenience Clinics and Virtual Care****</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>90% coverage 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% coverage after deductible</td>
</tr>
<tr>
<td>Urgent Care: In-Network and Out-of-Network</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Emergency Care: 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% coverage 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% coverage after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% coverage 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% coverage after deductible</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>90% coverage after deductible</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, and other walk-in/convenience care clinics; also applies to virtual care.

*****Outpatient Mental Health/Substance Abuse includes virtual care visits for mental health.
# Medical: Plan Comparison

## IN-NETWORK AND OUT-OF-NETWORK

<table>
<thead>
<tr>
<th>Deductibles and Services</th>
<th>BASE PLAN: Medica Elect/Essential</th>
<th>Medica ACO Plan</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<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 per person/ $1,200 per family</td>
<td>$600 per person/ $1,200 per family</td>
<td>$600 per person/ $1,200 per family</td>
<td></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% coverage 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% coverage after deductible</td>
</tr>
<tr>
<td>In-Network Hospital (General and Mental Health/ Substance Abuse Care)</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>100% coverage after deductible</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Ground and Air Ambulance to Nearest Facility</td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Prosthetics, Durable Medical Equipment</td>
<td>80% coverage, including hearing aids</td>
<td>80% coverage, including hearing aids</td>
<td>80% coverage, including hearing aids</td>
<td>90% coverage after deductible, including hearing aids</td>
</tr>
<tr>
<td>Out-of-Network Care**</td>
<td>70% coinsurance after deductible is met, up to the annual out-of-pocket maximum</td>
<td>70% coinsurance after deductible is met, up to the annual out-of-pocket maximum</td>
<td>70% coinsurance after deductible is met, up to the annual out-of-pocket maximum</td>
<td>70% coinsurance after deductible is met, up to the annual out-of-pocket maximum</td>
</tr>
</tbody>
</table>

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

**If you visit an out-of-network provider, Medica discounts do not apply. That means your out-of-pocket costs can be much higher, potentially thousands of dollars. Plus, Medica usually pays out-of-network providers less than the amount that they bill. When this happens, you’re responsible for paying the provider the balance.
### Medical: Plan Comparison

**PRESCRIPTION DRUGS**

The UPlan Pharmacy program is provided through Prime Therapeutics and Fairview Specialty Pharmacy. It is automatically provided to members in all UPlan medical options.

A prescription is dispensed as a 30-day supply (including insulin) in network pharmacies only.

<table>
<thead>
<tr>
<th>Prescription Drug Categories</th>
<th>BASE PLAN: Medica Elect/Essential or Medica Choice Regional</th>
<th>Medica ACO Plan</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certain Preventive Medications Specified in the Affordable Care Act and Contraceptives in the Generic Plus Category</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Generic Plus (Tier 1) Drugs</strong> (includes all generic drugs and some low-cost brand drugs if there is no generic drug in a given therapeutic class)</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><strong>Formulary Brand Name (Tier 2) Drugs</strong> (includes all other formulary brand drugs)</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><strong>Non-formulary (Tier 3) Drugs</strong> (includes covered brand drugs not listed on formulary)</td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>Prescriptions are covered in the HSA and at 90% in medical plan after deductible</td>
</tr>
<tr>
<td><strong>Purchase of Brand Drug When Chemically Equivalent Generic is Available</strong></td>
<td>Pay the generic copay and difference in cost* between the brand drug and the generic drug</td>
<td>Pay the generic copay and difference in cost* between the brand drug and the generic drug</td>
<td>Pay the generic copay and difference in cost* between the brand drug and the generic drug</td>
<td>Prescriptions are covered in the HSA and at 90% in medical plan after deductible**</td>
</tr>
<tr>
<td><strong>Drugs Purchased by Mail Order</strong></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><strong>Annual Out-of-Pocket Maximum (Rx only)</strong></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

## Other Coverage and Maximums

<table>
<thead>
<tr>
<th>Other Coverage and Maximums</th>
<th>BASE PLAN: Medica Elect/Essential Medica Choice Regional</th>
<th>Medica ACO Plan</th>
<th>Medica Choice National</th>
<th>Medica HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel Benefit:</strong> In-Network Coverage</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>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>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 employee only/ $6,000 per family (Note: Out-of-pocket maximums include the deductible)</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

*If you go out-of-network, you could end up paying more than the out-of-pocket maximum, because certain amounts you pay don’t count toward the maximum. Plus, even after you’ve met your out-of-pocket maximum, you’ll continue to pay the difference between what the provider bills and what Medica pays.

### Annual HSA Contributions

<table>
<thead>
<tr>
<th></th>
<th>UPlan</th>
<th>Employee Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-only amount</td>
<td>$750</td>
<td>$2,800</td>
</tr>
<tr>
<td>Family coverage amount (either tier)</td>
<td>$1,500</td>
<td>$5,600</td>
</tr>
<tr>
<td>Catch-up amount – Age 55 or over</td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>
### Medical: 2020 UPlan Biweekly Rates

#### EMPLOYEE-ONLY

<table>
<thead>
<tr>
<th>Plans</th>
<th>Wellbeing Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>University</td>
</tr>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
<td>$23.15</td>
<td>$302.82</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medica Choice National</td>
<td>$8.96</td>
<td>$302.82</td>
</tr>
<tr>
<td>Medica HSA</td>
<td>$20.39</td>
<td>$302.82</td>
</tr>
</tbody>
</table>

#### EMPLOYEE AND CHILDREN

<table>
<thead>
<tr>
<th>Plans</th>
<th>Wellbeing Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>University</td>
</tr>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
<td>$90.93</td>
<td>$473.99</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medica Choice National</td>
<td>$65.42</td>
<td>$473.99</td>
</tr>
<tr>
<td>Medica HSA</td>
<td>$86.69</td>
<td>$473.99</td>
</tr>
</tbody>
</table>

#### EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN

<table>
<thead>
<tr>
<th>Plans</th>
<th>Wellbeing Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>University</td>
</tr>
<tr>
<td>Medica Elect/Essential: Twin Cities &amp; Duluth Base Plan</td>
<td>$135.97</td>
<td>$709.28</td>
</tr>
<tr>
<td>Medica Choice Regional: Greater Minnesota Base Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medica Choice National</td>
<td>$99.57</td>
<td>$709.28</td>
</tr>
<tr>
<td>Medica HSA</td>
<td>$129.17</td>
<td>$709.28</td>
</tr>
</tbody>
</table>

Employees who work 50% to 74% time will pay the “Total Cost” rate per pay period.

Employees who earned the $500/$750 Wellbeing reduction in 2018-19 pay the Wellbeing Rate in 2020. Those who didn’t earn the wellbeing points will pay the Standard Rate.
Your Dental Coverage

The dental plan options that are available to you vary by geographic location. Choose a dental plan that is available in the county where you live or work. With both of the plans, you choose your dentist at the time of service.

Rates
The University pays a significant percentage of the cost of employee-only coverage and each tier with dependent coverage for the base plan in your geographic zone. For other plans, your rate includes the additional cost of that plan.

You can enroll your spouse and children in your plan and you pay your share of the coverage cost based on the eligible dependents you add. You will receive a member ID card from your dental plan.

There are two dental plan options:

Delta Dental PPO
- Base plan for the Twin Cities and surrounding area, and Duluth zones
- Low-cost, network-only plan with more than 1,900 participating dentists and specialists in 77 counties in Minnesota and border communities
- Must visit a dentist participating in the Delta Dental PPO network to receive benefits, except in the case of an out-of-area emergency
- National Delta Dental PPO network offers 112,500 participating dentists across the country
- Check with the dental office to confirm that your dentist participates in the PPO option before enrolling in this plan

Delta Dental Premier
- Base plan for the Greater Minnesota zone
- Flexible plan with access to the broad Delta Dental Premier network as well as the more cost-effective Delta Dental PPO network
- Out-of-network benefits are also available
- Delta Dental Premier network has more than 3,100 participating dentists in 85 Minnesota counties and border communities and over 156,000 participating providers in the country
- 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
Plan Availability—Base Plan Map

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>
</tr>
</thead>
<tbody>
<tr>
<td>77 Minnesota counties, border communities, and the national Delta Dental PPO network</td>
<td>85 Minnesota counties, border communities, and the national Delta Dental PPO and Delta Dental Premier networks</td>
</tr>
</tbody>
</table>
Dental Plan Comparison

<table>
<thead>
<tr>
<th>Plan</th>
<th>DELTA DENTAL PPO In-network coverage only</th>
<th>DELTA DENTAL PREMIER In-network</th>
<th>DELTA DENTAL PREMIER Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% coverage</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Emergency 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>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>
</tr>
<tr>
<td>Orthodontics</td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>50% coverage</td>
</tr>
</tbody>
</table>

For all of the dental plans, the annual maximum benefit is $2,000 per person per calendar year, and the lifetime orthodontic maximum is $2,800.

If you use an out-of-network provider, you will receive lower reimbursement amounts for services compared to the reimbursements you would receive from a Delta Dental in-network provider. It is strongly encouraged that your provider submit a pre-treatment estimate prior to services being received. This will prevent any surprise charges after treatment has been received. If you receive services from an out-of-network provider, you may need to:

- Pay for services up-front
- Pay more money for services than you would with an in-network dentist
- File the dental claim form with Delta Dental
- Receive reimbursements sent directly to you from Delta Dental
Dental: Plan Comparison

Diagnostic and Preventive Care
- Oral examinations and dental cleanings
- X-rays
- Special periodontics care
- Topical fluoride to age 19
- Space maintainers

Basic Restorative Care
- Benefit for fillings (customary restorative materials) based on the cost of:
  - Back teeth
    - Amalgam (silver) fillings: Delta Dental PPO
    - Composite (white) fillings: Delta Dental Premier
  - Front teeth
    - Composite (white) fillings: Delta Dental PPO and Premier
- Sealants to age 19
- Extractions and other oral surgery
- Periodontics (gum disease therapy)
- Endodontics (root canal therapy)
- Restorative crowns
- Inlays and onlays
- Repair of a crown

Major Restorative Care
- Fixed or removable bridgework
- Implants as alternative treatment
- Full or partial dentures
- Denture relines or rebases

Orthodontics Coverage
- Limited to dependents up to age 19
- Separate $2,800 lifetime maximum per covered dependent that does not start over if you change plans

For more information on Delta Dental PPO and Premier:
Customer Service: 651-406-5916
Toll free: 800-553-9536
TTY: 711
www.deltadentalmn.org/uofm
# Dental: 2020 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>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$5.82</td>
<td>$14.82</td>
<td>$20.64</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>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$28.23</td>
<td>$20.97</td>
<td>$49.20</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>Delta Dental Premier: Twin Cities &amp; Duluth</td>
<td>$32.99</td>
<td>$24.32</td>
<td>$57.31</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.
Flexible Spending Accounts

The University offers two Flexible Spending Accounts (FSAs) to employees and their families: a Health Care FSA and a Dependent Daycare FSA that allow you to pay for eligible expenses using pre-tax dollars. Discovery Benefits administers the FSA accounts.

Since the University takes your FSA contributions out of your pay before taxes, your taxable income is lower, saving you about 10-30 cents for every dollar you deposit into your FSA.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

For the Health Care FSA, you may contribute a minimum of $100 and a maximum of $2,700 from your pay each calendar year. Your entire election amount is available on your effective date of coverage.

Eligible Expenses

Carefully estimate your known out-of-pocket expenses such as prescription drug copays, office visit copays, planned dental work, eyeglasses, or contact lenses to help you decide how much to put into your Health Care FSA. You may include expenses for an eligible dependent even if that dependent is not covered under your medical or dental plan.

View an expanded list of eligible health expenses at www.DiscoveryBenefits.com to find out if an item or service is covered.

Limited Health Care Flexible Spending Account

If you enrolled in the Medica HSA medical plan, you can only submit eligible dental and vision out-of-pocket expenses to the Limited Health Care FSA for reimbursement.

DEPENDENT DAYCARE FLEXIBLE SPENDING ACCOUNT

For the Dependent Daycare FSA, the maximum contribution amount is $5,000 per household per year. You may receive reimbursement up to the current balance in your account at the time you make a claim.

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, are looking for work, or are full-time students.

You can use the Dependent Daycare FSA to pay for care for eligible dependents including:

- Children under age 13 who are claimed as a dependent for tax purposes
- Disabled spouse or disabled dependent of any age

If your last dependent child turns age 13 in 2020, you may cancel your account. Daycare expenses are not covered after your child’s 13th birthday.

Find the list of eligible expenses at www.DiscoveryBenefits.com.

Important Deadlines for Using Your FSA Money

You may file claims for expenses incurred from your effective date of coverage through March 15, 2021, drawing on deposits made to your account in 2020.

For expenses incurred between January 1 and March 15 of each year, money left from the previous year is used before the current year’s contributions. You have until March 31, 2021, to submit claims for eligible expenses from your 2020 FSA.

Use-it-or-Lose-it Rule

The IRS requires that if you do not file claims to use all of the money in your FSA for eligible expenses incurred during the 14 1/2-month period, you lose the unused portion. Calculate your expenses carefully before enrolling to make sure you will use the full amount.

Flexible Spending Accounts do not automatically continue into the next year and require an annual election.
**Life Insurance**

**Basic Benefit**
The basic life insurance amount is 115% of your annual covered compensation, rounded up to the next higher $1,000 with a maximum of $200,000. If your appointment is 50% to 74% time, the amount is based on your part-time annual covered compensation.

**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 $0.055 per $1,000 coverage per biweekly pay period based on your part-time covered compensation rounded to the next higher $1,000. Basic life insurance has a reduction schedule tied to the retirement age used by Social Security.

**Additional coverage available**
You may apply for additional coverage for yourself, your spouse, and your children. 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.

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/adoption of a child if applied for within 30 days of the event.

More information, including plan maximums, can be found at [z.umn.edu/lifeinsurance](http://z.umn.edu/lifeinsurance)

- Select **additional employee life** insurance in multiples of $1,000 up to an amount equal to the lesser of three times your annual covered compensation (rounded up to the next higher $1,000) or $500,000
- Select **spouse life** insurance in multiples of $1,000, up to the amount of $25,000
- Select **child life** insurance of $10,000 that covers each eligible dependent child from live birth through age 26, or select child life during any Open Enrollment without evidence of insurability

**AD&D Coverage**
This coverage provides beneficiaries with additional financial protection if an insured’s death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. It is included as part of your employee and spouse life insurance. The amount of life insurance coverage automatically doubles in the event of death by accident, except for child life insurance.

**Additional Life Insurance Rates**
You pay the full rate for additional life coverage through payroll deductions.

<table>
<thead>
<tr>
<th>Attained age of employee or spouse</th>
<th>2020 Rate Per $1,000 Per Biweekly Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.016</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.016</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.022</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.024</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.037</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.061</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.093</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.150</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.238</td>
</tr>
<tr>
<td>70-74</td>
<td>$0.381</td>
</tr>
<tr>
<td>75-79</td>
<td>$0.609</td>
</tr>
<tr>
<td>80-84</td>
<td>$0.960</td>
</tr>
<tr>
<td>85+</td>
<td>$0.960</td>
</tr>
</tbody>
</table>

**Newly Eligible without Evidence of Insurability**
Underwriting with evidence of insurability is required if you select an amount larger than the guaranteed issue or if you do not enroll during your initial enrollment period. To apply, go to [z.umn.edu/additionallife](http://z.umn.edu/additionallife) and print and complete a copy of the enrollment form. Return the form to Total Compensation for forwarding to Securian who will contact you with instructions on how to access their website to submit your health history electronically.

**Note:** If you are on partial or total leave of absence and Securian approves the additional coverage, the insurance will be effective upon your return to full-time work.
Life Insurance

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>

Beneficiary designation
Life events such as a new job, marriage, divorce, or the birth or 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 may view or update your beneficiary designation at any time during the year. If you have no named beneficiary, your current beneficiary is “default.” Benefits paid out using the plan default priority listed in the plan requires additional claim processing time, and you may experience a delay in claim payments from Securian. For that reason, we strongly encourage you to log in to the website and submit a beneficiary designation.

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 Securian customer service at 866-365-3834 for details.

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

Legal, financial, and grief resources
Whether you want to create a will, get legal advice, need financial security or help coping with loss—get the professional support you need. Resources include will and key legacy templates, a complimentary 30-minute, face-to-face consultation with an attorney, unlimited telephone consultation with attorneys and counselors, and more.

Call 1-877-849-6034 or visit LifeBenefits.com/LFG

Username: lfg
Password: resources

Legacy planning services
All active and retired employees and their families can access online legacy planning tools and resources—from getting personal affairs in order or dealing with the loss of a loved one. A funeral concierge service also allows for coverage verification and direct payment to the funeral home, so services can be provided before the insurance settlement becomes available. These resources are available at www.LegacyPlanningResources.com.

For any question about any kind of Life Insurance, contact

Securian Financial Group:
Customer service: 651-665-3789
Toll free: 800-392-7295
lifebenefits.com
Voluntary Short-term Disability

Voluntary Short-Term Disability insurance provides money to help you pay your bills if you are unable to work due to an accident or a disability because of sickness or pregnancy.

You can select an amount to replace up to 66.67 percent of your covered compensation but no more than $5,000 per month. The claims administrator, Unum, will pay benefits from the first day of a disability due to an accident, or the eighth day of a disability due to sickness or pregnancy and continues for up to 180 days.

Determine your benefit amount

To find your maximum monthly benefit amount:
- multiply your annual covered compensation by 66.67%;
- divide that number by 12; and
- round down to the nearest $100.

You may select a benefit amount up to the lesser of your maximum monthly benefit amount or $5,000.

<table>
<thead>
<tr>
<th>Maximum Monthly Benefit from All Sources</th>
<th>2020 Rate per Pay Period</th>
<th>Maximum Monthly Benefit from All Sources</th>
<th>2020 Rate per Pay Period</th>
<th>Maximum Monthly Benefit from All Sources</th>
<th>2020 Rate per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300</td>
<td>$1.65</td>
<td>$1,900</td>
<td>$10.45</td>
<td>$3,500</td>
<td>$19.25</td>
</tr>
<tr>
<td>$400</td>
<td>$2.20</td>
<td>$2,000</td>
<td>$11.00</td>
<td>$3,600</td>
<td>$19.80</td>
</tr>
<tr>
<td>$500</td>
<td>$2.75</td>
<td>$2,100</td>
<td>$11.55</td>
<td>$3,700</td>
<td>$20.35</td>
</tr>
<tr>
<td>$600</td>
<td>$3.30</td>
<td>$2,200</td>
<td>$12.10</td>
<td>$3,800</td>
<td>$20.90</td>
</tr>
<tr>
<td>$700</td>
<td>$3.85</td>
<td>$2,300</td>
<td>$12.65</td>
<td>$3,900</td>
<td>$21.45</td>
</tr>
<tr>
<td>$800</td>
<td>$4.40</td>
<td>$2,400</td>
<td>$13.20</td>
<td>$4,000</td>
<td>$22.00</td>
</tr>
<tr>
<td>$900</td>
<td>$4.95</td>
<td>$2,500</td>
<td>$13.75</td>
<td>$4,100</td>
<td>$22.55</td>
</tr>
<tr>
<td>$1,000</td>
<td>$5.50</td>
<td>$2,600</td>
<td>$14.30</td>
<td>$4,200</td>
<td>$23.10</td>
</tr>
<tr>
<td>$1,100</td>
<td>$6.05</td>
<td>$2,700</td>
<td>$14.85</td>
<td>$4,300</td>
<td>$23.65</td>
</tr>
<tr>
<td>$1,200</td>
<td>$6.60</td>
<td>$2,800</td>
<td>$15.40</td>
<td>$4,400</td>
<td>$24.20</td>
</tr>
<tr>
<td>$1,300</td>
<td>$7.15</td>
<td>$2,900</td>
<td>$15.95</td>
<td>$4,500</td>
<td>$24.75</td>
</tr>
<tr>
<td>$1,400</td>
<td>$7.70</td>
<td>$3,000</td>
<td>$16.50</td>
<td>$4,600</td>
<td>$25.30</td>
</tr>
<tr>
<td>$1,500</td>
<td>$8.25</td>
<td>$3,100</td>
<td>$17.05</td>
<td>$4,700</td>
<td>$25.85</td>
</tr>
<tr>
<td>$1,600</td>
<td>$8.80</td>
<td>$3,200</td>
<td>$17.60</td>
<td>$4,800</td>
<td>$26.40</td>
</tr>
<tr>
<td>$1,700</td>
<td>$9.35</td>
<td>$3,300</td>
<td>$18.15</td>
<td>$4,900</td>
<td>$26.95</td>
</tr>
<tr>
<td>$1,800</td>
<td>$9.90</td>
<td>$3,400</td>
<td>$18.70</td>
<td>$5,000</td>
<td>$27.50</td>
</tr>
</tbody>
</table>
Voluntary Long-term Disability insurance provides money to you if you have been continuously disabled for 180 days and remain disabled. You can receive this benefit until you reach the normal retirement age according to Social Security.

Faculty and P&A staff who work at least 26.75 standard hours per week are covered under a separate Academic Disability Program so they are not eligible for this benefit.

You may apply for a monthly benefit amount that is 60 percent of your monthly covered compensation, up to the $5,000 per month limit, subject to pre-existing conditions.

Impact of pre-existing conditions on coverage
A pre-existing condition is a mental or physical condition, diagnosed or not, for which you have seen a doctor, received medical treatment, services, or advice, undergone diagnostic procedures, or taken prescribed drugs during the 12-month period just before your long-term disability insurance becomes effective.

If you have a pre-existing condition, you will not have coverage for that condition for the first 24 months after insurance takes effect.

You will have coverage for other disability conditions if your claim is approved.

Determine your benefit amount
To find your maximum monthly benefit amount:
• multiply your annual covered compensation by 60%;
• divide that number by 12; and
• round down to the nearest $100

You may select a benefit amount up to the lesser of your maximum monthly benefit amount or $5,000.
Academic Disability Program

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 Unum. 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 covered compensation.

You are required to call Unum, the claims administrator, at 1-888-673-9940 within two weeks of disability to file a claim for medical leave benefits. A delay in contacting Unum 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 66.67 percent of covered compensation for the remainder of your disability period. The percentage of compensation increases over time based on years of service to 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 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 increases, 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 percent of your covered compensation 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 z.umn.edu/academicdisability.
Participate in a variety of programs throughout the year and get rewarded for making your wellbeing a priority.

The University of Minnesota wants to support you on your wellbeing journey by providing resources to improve or manage your overall health and feel your best. The program allows you to track what you do on your own as well as participate in a wide range of programs. The programs can assist you in achieving personal health goals, reducing your stress, maintaining healthy habits, or managing a chronic condition.

The program focuses on eight areas of wellbeing: physical, emotional, financial, spiritual, occupational, intellectual, environmental, and social. By participating in wellbeing activities, you will:

• Gain confidence by knowing more about your health.
• Feel your best while achieving personal wellbeing goals.
• Be rewarded for improving your health while earning points throughout the year.

Program year: October 1, 2019 – August 31, 2020

This program allows you to earn points that add up to real savings on your 2021 UPlan medical rates – either $500 or $750 a year depending on whether you have a spouse covered under your UPlan medical plan.

<table>
<thead>
<tr>
<th>If your UPlan coverage is:</th>
<th>You need to earn at least:</th>
<th>To save this amount in 2021:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only*</td>
<td>500 points</td>
<td>$500</td>
</tr>
<tr>
<td>Employee and Children*</td>
<td>500 points</td>
<td>$500</td>
</tr>
<tr>
<td>Employee and Spouse with or without Children*</td>
<td>750 points (your spouse may earn up to 250 points or you may earn all 750 yourself)</td>
<td>$750</td>
</tr>
</tbody>
</table>

*Please note: If you change your status during the wellbeing program year such as adding or dropping a spouse, you will need to earn points corresponding to your new status. For example, if you add your spouse in June, you will need to get 750 total points by August 31, 2020, instead of 500 points.

How do I get started?

Once your UPlan medical benefits are effective (1st of the month following your start date), you are automatically enrolled into the Wellbeing Program. Participation in the program is a voluntary choice requiring action.

1. Go to: UMN.RedBrickHealth.com
2. Sign in to the portal following the instructions below:
   • University employees: You will be able to sign in to the portal on the left side of the page using your University username and password.
   • Spouses: Spouses on the UPlan (whether or not they are University employees) must activate their own accounts and create their own usernames and passwords. To activate a new account, spouses will need to enter the UPlan account holder’s 7-digit employee ID number, plus their own date of birth and first and last name as stated on their Medica ID card. After the username and password are created, they may sign in to their account on the right side of the sign-in page.
3. The program chart is located on the next page. Feel free to use the “Your Reward” column to plan out a variety of options to manage your wellbeing and achieve the $500 or $750 incentive. Detailed descriptions of the programs can be found on the “Programs and Points” page within the RedBrick Portal (UMN.RedBrickHealth.com).

How do you receive the $500 or $750 reward?

Your reward will be spread across your paychecks in 2021 through reduced UPlan rates.

Fit Choices by Medica

Fit Choices is one of our most popular programs, and rewards you in two different ways for going to a participating gym. The two types of rewards are:
1. Receive 2 points per day (up to 250 points) between August and July towards your wellbeing program rewards.
2. When you go to the gym a minimum of eight times in a month, earn up to a $20 credit** towards your monthly gym dues.

Check participating gyms here: https://www.medica.com/wellness/health-club-reimbursement-fit-choices

** Two heads per household (18 or older) are eligible.
## Participate in the 2019-2020 Wellbeing Program

To log in to the Wellbeing Program portal, and for more information, please visit [z.umn.edu/ohrwellbeing](z.umn.edu/ohrwellbeing).

<table>
<thead>
<tr>
<th>Category</th>
<th>Program</th>
<th>Reward (500/750)</th>
<th>Your Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessments</strong></td>
<td>RedBrick Health Assessment</td>
<td>100 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biometric Health Screening</td>
<td>150 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next-Steps Consult®</td>
<td>50 points</td>
<td></td>
</tr>
<tr>
<td><strong>Pledges</strong></td>
<td>Annual Flu Shot</td>
<td>25 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Tobacco User</td>
<td>25 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wellbeing My Way</td>
<td>25 points/pledge (125 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advance Care Directive (Honoring Choices)</td>
<td>25 points</td>
<td></td>
</tr>
<tr>
<td><strong>Tracking and Challenges</strong></td>
<td>RedBrick Track®</td>
<td>1 point/day (150 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bike Commuter (September–August)</td>
<td>2 points/day (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fit Choices by Medica (August–July)</td>
<td>2 points/day (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Challenges (1–2 per year)</td>
<td>75 points/challenge (150 points max)</td>
<td></td>
</tr>
<tr>
<td><strong>Coaching and Support</strong></td>
<td>Journeys® (4–6 weeks average per Journey)</td>
<td>2 points/step, 25 bonus points/Journey completion (200 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RedBrick Phone Coaching</td>
<td>25 points/call (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthy Pregnancy Phone Coaching</td>
<td>25 points/call (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face-to-Face Health Coaching*</td>
<td>25 points/session (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Coaching*</td>
<td>25 points/session (250 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Therapy Management</td>
<td>50 points/session (150 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty Therapy Management</td>
<td>50 points/call (200 points max)</td>
<td></td>
</tr>
<tr>
<td><strong>University Classes</strong></td>
<td>Cooking for Wellness—The Basics*</td>
<td>50 points/class OR 150/series</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cooking for Wellness—Getting Creative*</td>
<td>50 points/class OR 150/series</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four Cornerstones of Financial Literacy* (free of cost; complete 4/4 90-minute sessions)</td>
<td>100 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mindfulness at Work (online course; complete 5 of 6 sessions)</td>
<td>150 points</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University Fitness Class (purchase an 8-week class)</td>
<td>75 points/class (225 points max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Fitness Pass (purchase a semester pass or annual pass)</td>
<td>50 points/semester OR 150 points/annual</td>
<td></td>
</tr>
</tbody>
</table>

**Participating Spouse Total (250 max):**

**Total Points (500 or 750):**

---

* This program is not offered on every campus. For more information, please look at the program description on UMN.RedBrickHealth.com.

Next-Steps Consult and Journeys are registered trademarks of Virgin Pulse, Inc.

© 2019 RedBrick Health Corporation
Employee Assistance Program and Financial Counseling

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 issue, at no cost. The program is available to all benefits-eligible employees on all system campuses. Your spouse and dependent children 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
- Mental health
- Family issues
- Conflict resolution
- Coping with stress
- Adjustment to grief/loss or change
- Chemical health

EAP services are provided by:
Sand Creek
888-243-5744
www.sandcreekeap.com

Sand Creek staff hours are Monday through Friday from 7:30 a.m. to 5:00 p.m. If you need in-the-moment support, counselors are available 24/7 by calling 888-243-5744.

Counseling and consultation services are available via telephone or in-person with a professional counselor. You can schedule appointments with counselors at a location convenient for you across greater Minnesota, or in the Twin Cities.

FINANCIAL COUNSELING
Employees and their families get six free individual, confidential counseling sessions a year through LSS Financial Counseling, a nonprofit financial counseling service.

Financial Counseling Services include certified financial counselors who will help you to develop a budget and a plan of action; consolidate payments so you can start paying off debt; tackle your student loan repayments, including public service loan forgiveness guidance; improve your credit score; and help assess your housing options.

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 www.lssmn.org/umn/.
Overview of Retirement Plans

Overview of retirement plans
Eligible employees are automatically enrolled into a primary retirement plan based on their employee group. 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 primary retirement plan for Civil Service and non-faculty Labor Represented staff. Retirement deductions are a percentage of total covered compensation 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 primary 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.

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. You can choose from a variety of investment options.

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. Beginning April 1, 2020, the Optional Retirement Plan will accept rollovers. MSRS only accepts rollovers to repay a previous refund.

For more information
The Total Compensation website at z.umn.edu/retirementsavings has detailed information about your retirement plan and any upcoming changes.

Learn more about the benefits and limits of the two voluntary retirement savings plans. When you are ready to sign up, follow the steps outlined on z.umn.edu/retirementsavings.

Use the links on the retirement savings website to find the schedule of effective dates for new enrollments and contribution changes for both the Optional Retirement Plan and Section 457 Deferred Compensation Plan.
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 2019
Sender: University of Minnesota
Office of Human Resources
Total Compensation
Contact: Total Compensation
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 for retirees over age 65, 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 do not 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 this notice or your current prescription drug coverage**
If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least one percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period to join a Medicare drug plan.

**For more information about your options under the Medicare prescription drug coverage**
Call the University of Minnesota Employee Benefits Contact Center at 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](http://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](http://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.

The University of Minnesota shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

Inquiries regarding compliance may be directed to the Director, Office of Equal Opportunity and Affirmative Action, University of Minnesota, 274 McNamara Alumni Center, 200 Oak Street S.E., Minneapolis, MN 55455, (612) 624-9547, eoaa@umn.edu. Website at [www.eoaa.umn.edu](http://www.eoaa.umn.edu).
The University of Minnesota shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

Inquiries regarding compliance may be directed to the Director, Office of Equal Opportunity and Affirmative Action, University of Minnesota, 274 McNamara Alumni Center, 200 Oak Street S.E., Minneapolis, MN 55455, (612) 624-9547, eoaa@umn.edu. Website at www.eoaa.umn.edu.

This publication/material is available in alternative formats upon request. Please contact Nora Hayes, Office of Human Resources, nhayes@umn.edu or 612-624-8678.

© 2019 Regents of the University of Minnesota. All rights reserved.

Printed on recycled and recyclable paper with at least 10 percent postconsumer material.