



Office of Human Resources

UNIVERSITY OF MINNESOTA

Driven to Discover®

A photograph of a man with short brown hair, a beard, and glasses, smiling warmly. He is wearing a blue denim button-down shirt. The background is a bright, out-of-focus indoor setting.

NEW EMPLOYEES GUIDE FOR UPLAN BENEFITS ENROLLMENT

Enroll in UPlan Benefits for 2019

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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 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 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 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

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.

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.

FOLLOW THE STEPS IN MYU TO ENROLL

<https://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 1-800-448-3815

TTY: 1-888-853-7570

HealthPartners Dental: www.healthpartners.com/uofm

952-883-5000 or 1-800-883-2177

TTY: 952-883-5127

FOR MORE INFORMATION

Contact Employee Benefits if you have benefits questions:

- Call 4-UOHR (612-624-8647 or 1-800-756-2363) and select option 1 to reach a benefits specialist. 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
- Telephone language interpretation services are available through Employee 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 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.

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 COVERAGE BECOMES EFFECTIVE

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

New Employee - Benefits Enrollment

When coverage becomes effective due to 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 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 and disability coverage is 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.

When optional coverage becomes effective

If your enrollment is timely and you are actively at work:

- Dependent medical and dental coverage, additional life insurance, disability coverage, and the flexible spending accounts become effective 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 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.

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 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.

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 birth of your first child. A request for a coverage change, consistent with the family status change, must be made within 30 days of the event. Contact Employee Benefits if you have questions about a family status change.

New Employee – Benefits Enrollment

Definition of Eligible Dependents and Dependent Eligibility Verification

Go to humanresources.umn.edu/benefits/benefits-eligibility for questions about eligibility. If you add dependents to your UPlan coverage, you **will 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 Employee Benefits to complete and return to ensure coverage for your dependents. If you do not respond to the verification request, your dependents' coverage will terminate.

Relationship to Employee	Criteria for Coverage	Is Dependent Qualified for Tax Favored Treatment ⁽¹⁾
Spouse	<p>Must be legally married.</p> <p>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.</p>	Qualified
Dependent Child	<p>Dependent child – birth through age 25 (up to the 26th birthday)</p> <p>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.</p> <p>Note: The spouse of your eligible married dependent child is not eligible for coverage.</p>	Qualified
	<p>Disabled child– age 26 or above (no maximum) if physically or mentally disabled and either:</p> <ul style="list-style-type: none"> • lives with you and does not provide over 50% of his/her own support, or • does not live with you but is at least 50% dependent on you 	Qualified
Dependent Grandchild	<p>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.</p>	Qualified
	<p>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.</p> <p>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.</p>	Usually non-qualified

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. You can select any medical plan that is available in the area 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, and factor most in the rate calculations.

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.

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, and North Memorial networks and 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, low copays, and high member satisfaction

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
- The University will contribute \$750 for employee-only coverage and \$1,500 for coverage with dependents into the HSA over the 26 pay periods in 2019
- When enrolling mid-year, the HSA amount is prorated per pay period; however, the deductible amount is not prorated

- 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
- You can make your own contributions to the HSA
- You will receive a debit card to spend HSA dollars for pharmacy or medical expenses
- 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 out of your pocket 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

Pharmacy Benefits

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 have a strong emphasis on 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 card to your pharmacist who will enter your unique ID number from your card into their system for prescription processing.

For more information

You may contact their 24-hour Member Customer Service numbers for questions, to locate 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 humanresources.umn.edu/pharmacy-program/medication-therapy-management.

SPECIALTY THERAPY MANAGEMENT

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

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 and know when to contact your physician if there is a problem. Contact Fairview Specialty Pharmacy directly to enroll.

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, such as the MinuteClinic locations in the Twin Cities, are in-network providers for the 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.

humanresources.umn.edu/medical-plans/convenience-care-walk-clinics

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. Virtual care visits with providers in your plan's network are covered. There is a \$15 to \$20 cost depending on your plan,

humanresources.umn.edu/medical-plans/virtual-care

CallLink Nurseline

The nurseline service is with Medica CallLink. 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.

humanresources.umn.edu/wellbeing-program/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.

humanresources.umn.edu/medical-plans/travel-program

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, whether you are 100 miles 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

humanresources.umn.edu/medical-plans/emergency-travel-assistance

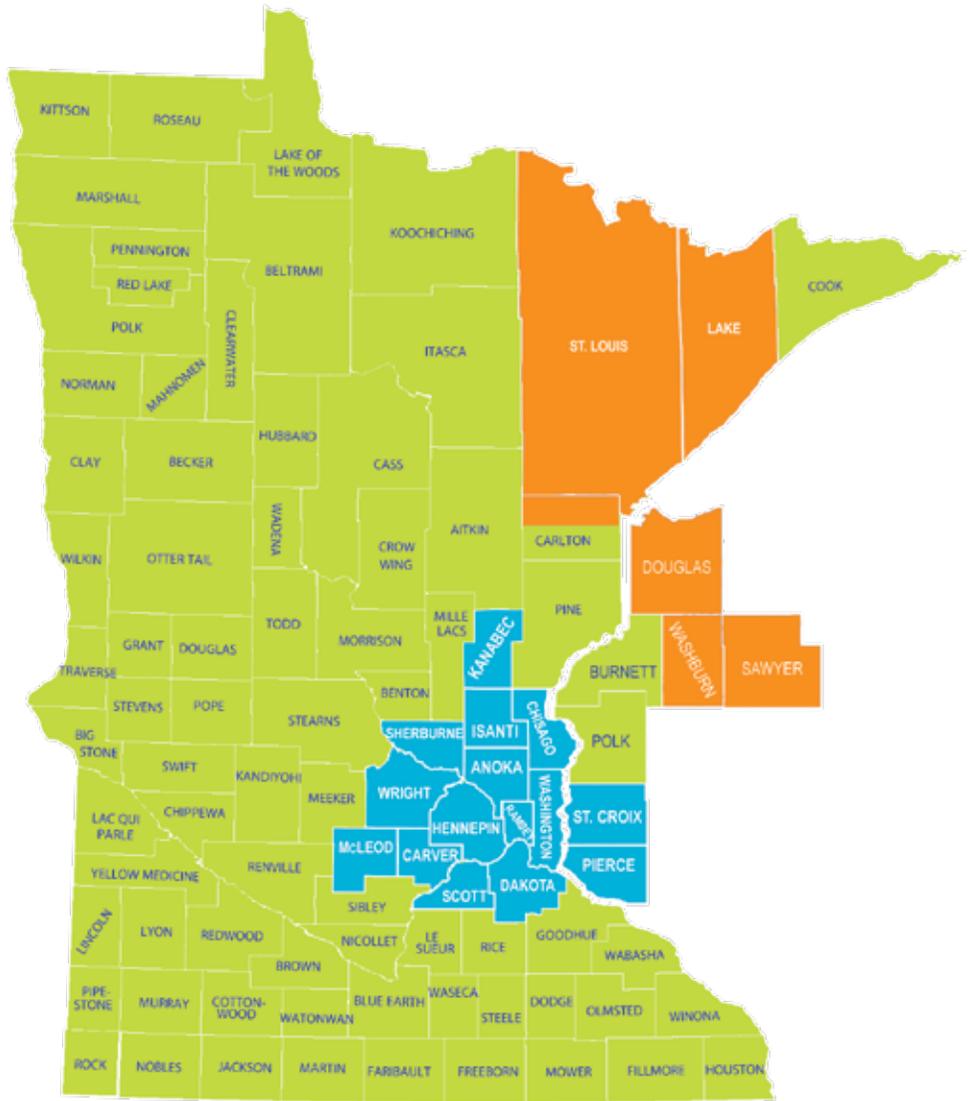
Plan Availability - Base Plan Map

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



Twin Cities Metro Area
Base Plan: Medica Elect/Essential

Duluth Area
Base Plan: Medica Elect/Essential

Greater Minnesota
Base Plan: Medica Choice Regional

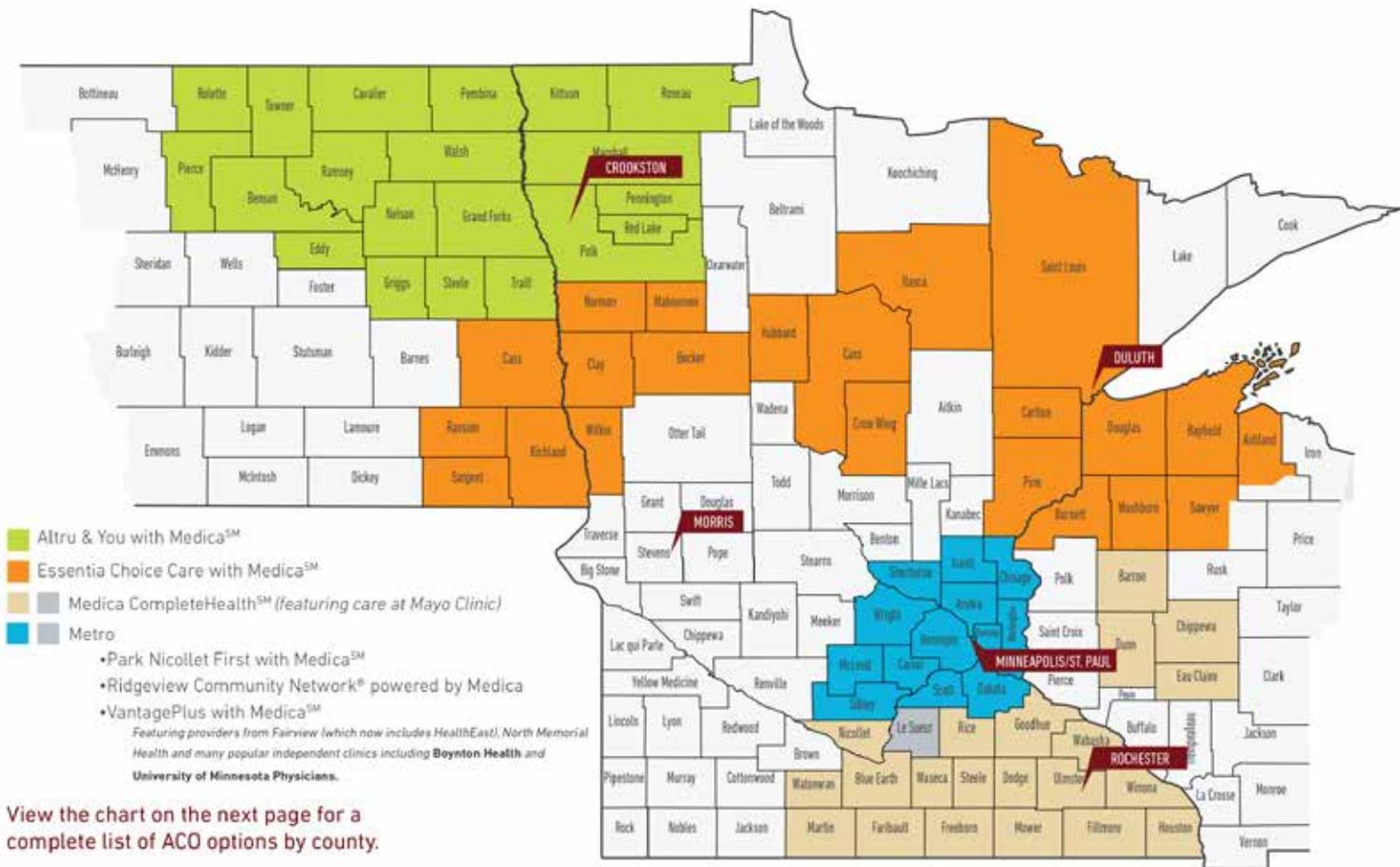
13 Minnesota counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, McLeod, Ramsey, Scott, Sherburne, Washington, and Wright
2 Wisconsin counties: Pierce and St. Croix

3 Minnesota counties: northern half of Carlton, Lake and St. Louis;
3 Wisconsin counties: Douglas, Sawyer, and Washburn

Remaining 71 Minnesota counties: southern half of Carlton; includes Crookston, Morris, and Rochester campuses
2 Wisconsin counties: Burnett and Polk

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

Medical: ACO Plan Availability



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, Mahanomen, 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, Traill, and Walsh

Medical: Plan Comparison

IN-NETWORK SERVICES

Health Care Services	Base Plan Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Preventive Care*	100% coverage	100% coverage	100% coverage	100% coverage**
Eye and Hearing Exam (routine)	100% coverage	100% coverage	100% coverage	100% coverage
Physician***	\$25 Primary/ \$35 Specialty copay	\$20 Primary/ \$30 Specialty copay	\$40 Primary/ \$50 Specialty copay	90% coverage after deductible
All Walk-in/ Convenience Clinics and Virtual Care****	\$15 copay	\$15 copay	\$20 copay	90% coverage after deductible
Outpatient MRI and CT Scan	\$50 copay	\$40 copay	\$50 copay	90% coverage after deductible
Urgent Care: In-Network and Out-of-Network	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Emergency Care: In-Network and Out-of-Network	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, waived if admitted	90% coverage after deductible
Outpatient Mental Health/ Substance Abuse	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Chiropractic Care	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Physical, Speech, and Occupational Therapy	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Home Health Care	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible

* 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.

Medical: Plan Comparison

IN-NETWORK AND OUT-OF-NETWORK

Deductibles and Services	Base Plan Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
In-Network Deductible*	\$100 per person/ \$200 per family	\$100 per person/ \$200 per family	\$200 per person/ \$400 per family	Total in-network and out-of-network: Employee only: \$1,500 Family: \$3,000
Out-of-Network Deductible	\$600 per person/ \$1,200 per family	\$600 per person/ \$1,200 per family	\$600 per person/ \$1,200 per family	
Lab/X-Ray	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
Outpatient Surgery	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
In-Network Hospital (General and Mental Health/ Substance Abuse Care)	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
Ground and Air Ambulance to Nearest Facility	80% coverage	80% coverage	80% coverage	90% coverage after deductible
Prosthetics, Durable Medical Equipment	80% coverage, including hearing aids	80% coverage, including hearing aids	80% coverage, including hearing aids	90% coverage after deductible, including hearing aids
Out-of-Network Care	70% coinsurance after deductible is met, up to the annual out-of-pocket maximum	70% coinsurance after deductible is met, up to the annual out-of-pocket maximum	70% coinsurance after deductible is met, up to the annual out-of-pocket maximum	70% coinsurance after deductible is met, up to the annual out-of-pocket maximum

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

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.

Prescription Drug Categories	Base Plan Medica Elect/ Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Certain Preventive Medications Specified in the Affordable Care Act and Contraceptives in the Generic Plus Category	\$0 copay	\$0 copay	\$0 copay	100%
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)	\$10 copay	\$10 copay	\$10 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Formulary Brand Name (Tier 2) Drugs (includes all other formulary brand drugs)	\$30 copay	\$30 copay	\$30 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Non-formulary (Tier 3) Drugs (includes covered brand drugs not listed on formulary)	\$75 copay	\$75 copay	\$75 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Purchase of Brand Drug When Chemically Equivalent Generic is Available	Pay the generic copay and difference in cost* between the brand drug and the generic drug	Pay the generic copay and difference in cost* between the brand drug and the generic drug	Pay the generic copay and difference in cost* between the brand drug and the generic drug	Prescriptions are covered in the HSA and at 90% in medical plan after deductible**
Drugs Purchased by Mail Order	3-month supply available for two copays	3-month supply available for two copays	3-month supply available for two copays	90-day supply available at discount
Annual Out-of-Pocket Maximum (Rx only)	\$750 per person/ \$1,500 per family	\$750 per person/ \$1,500 per family	\$750 per person/ \$1,500 per family	No separate out-of-pocket maximum for prescriptions

* 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

Other Coverage and Maximums	Base Plan Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Travel Benefit: In-Network Coverage	For students and other travelers if services are provided by United Healthcare Options PPO providers	For students and other travelers if services are provided by United Healthcare Options PPO providers	For out-of-area residents, students and other travelers if services are provided by United Healthcare Options PPO providers	For out-of-area residents, students and other travelers if services are provided by United Healthcare Options PPO providers
National Coverage	Available through emergency or out-of-network benefit only	Available through emergency or out-of-network benefit only	Available in-network through United Healthcare Options PPO network	Available in-network through United Healthcare Options PPO network
Annual Out-of-Pocket Maximum Total annual in-network and out-of-network	\$2,500 per person/ \$4,000 per family	\$2,500 per person/ \$4,000 per family	\$2,500 per person/ \$4,000 per family	\$3,000 per person/ \$6,000 per family (Note: Out-of-pocket maximums include the deductible)
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

HSA

UPlan Contributions*

Employee Contributions

Employee-only amount	\$750	\$2,750
Catch-up amount - Age 55 or over		\$1,000
Family coverage amount (either tier)	\$1,500	\$5,500
Catch-up amount - Age 55 or over		\$1,000

*UPlan contributions can be used to offset deductibles.

Medical: 2019 UPlan Biweekly Rates

EMPLOYEE-ONLY

Plans	Wellbeing Program Achievement Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan	\$20.78	\$287.04	\$40.01	\$267.81	\$307.82
Medica Choice Regional: Greater Minnesota Base Plan					
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$10.07	\$287.04	\$29.30	\$267.81	\$297.11
Medica Choice National	\$52.54	\$287.04	\$71.77	\$267.81	\$ 339.58
Medica HSA	\$21.15	\$287.04	\$40.38	\$267.81	\$ 308.19

EMPLOYEE AND CHILDREN

Plans	Wellbeing Program Achievement Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan	\$84.81	\$448.76	\$104.04	\$429.53	\$533.57
Medica Choice Regional: Greater Minnesota Base Plan					
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$65.36	\$448.76	\$84.59	\$429.53	\$514.12
Medica Choice National	\$138.75	\$448.76	\$157.98	\$ 429.53	\$587.51
Medica HSA	\$85.87	\$448.76	\$105.10	\$429.53	\$534.63

EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN

Plans	Wellbeing Program Achievement Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan	\$126.78	\$671.35	\$155.63	\$642.50	\$798.13
Medica Choice Regional: Greater Minnesota Base Plan					
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$99.44	\$671.35	\$128.29	\$642.50	\$770.79
Medica Choice National	\$209.00	\$671.35	\$237.85	\$642.50	\$880.35
Medica HSA	\$127.99	\$671.35	\$156.84	\$642.50	\$799.34

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.

If you earn the required number of wellbeing points for a \$500 or \$750 reduction, your cost is shown in the **Wellbeing Program Achievement Rates** column. If you did not participate or earn the required number of wellbeing points, your cost is shown in the **Standard Rates** column.

Your Dental Coverage

The dental plan options that are available to you vary by geographic location. You can select any dental plan that is available in the area where you live or work. As you consider your options, you may want to check which of the UPlan dental plans your dentist participates in and enroll accordingly.

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 and factor most in the rate calculations.

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 four dental plan options:

Delta Dental PPO

- Network-only plan offers the greatest cost savings when receiving care from a dentist in the PPO network
- No out-of-network coverage except for emergencies
- Network includes nearly 1,700 participating dentists and specialists in 75 Minnesota counties and border communities
- National Delta Dental PPO network offers 89,500 participating dentists across the country
- Delta Dental PPO has low rates for the Twin Cities and Duluth areas

Delta Dental Premier

- Flexible plan offers access to the broad Delta Dental Premier network and the PPO network, and offers out-of-network benefits
- Largest dental network in Minnesota with more than 3,100 participating dentists and specialists in Minnesota and border communities
- Largest dental network in the country with over 145,000 participating providers
- Seeing a dentist in a Delta Dental network will help you make the most of your benefits and can result in lower out-of-pocket costs
- Delta Dental Premier has low rates for the Greater Minnesota area but higher rates for the Twin Cities and Duluth areas

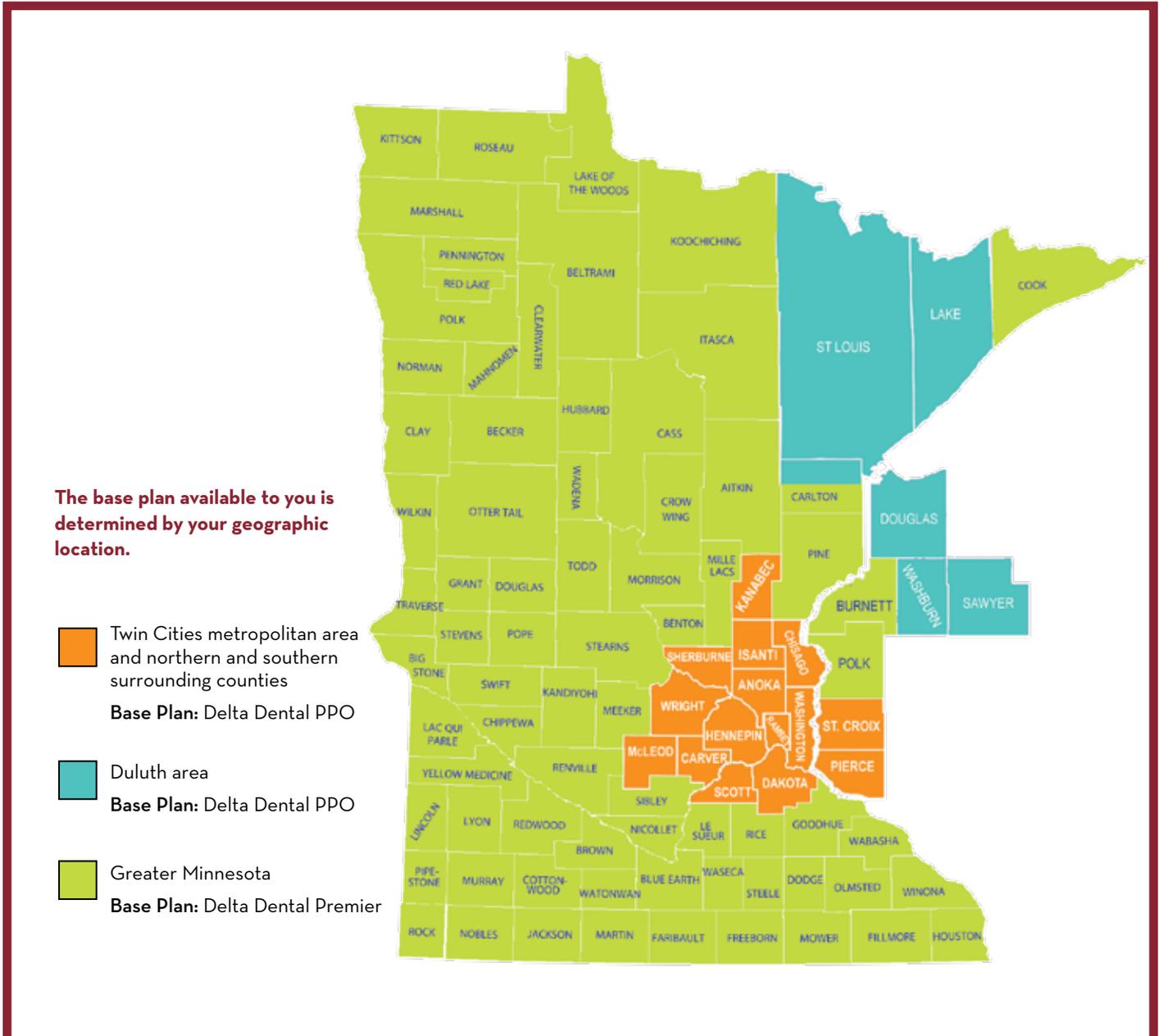
UPlan HealthPartners Dental

- Network-only plan offers the greatest cost savings when receiving care from a dentist in the PPO network
- No out-of-network coverage except for emergencies
- Network includes more than 1,700 dentists and specialists at over 1,350 dental clinics in Minnesota and border communities
- HealthPartners Dental has a large nationwide network of participating dentists and specialists
- HealthPartners Dental has moderate rates

UPlan HealthPartners Dental Choice

- Flexible plan offers access to the broad HealthPartners Dental Choice network and the HealthPartners Dental PPO network, and offers out-of-network benefits
- Network has more than 2,700 dentists and specialists at over 2,000 dental clinics in Minnesota and border communities
- HealthPartners Dental Choice has a large nationwide network of participating dentists and specialists
- HealthPartners Dental Choice has higher rates

Plan Availability - Base Plan Map



Delta Dental PPO	Delta Dental Premier	UPlan HealthPartners Dental	UPlan HealthPartners Dental Choice
75 Minnesota counties, border communities, and the national Delta Dental PPO network	86 Minnesota counties, border communities, and the national Delta Dental PPO and Delta Dental Premier networks	Minnesota and national networks	Minnesota and national networks

Dental: Plan Comparison

Plan	Diagnostic and Preventive Care	Basic Restorative Care	Major Restorative Care	Emergency Services	Orthodontics
DELTA DENTAL PREMIER In-network	100% coverage	80% coverage	50% coverage	Emergency dental services provided same as eligible dental services	80% coverage
DELTA DENTAL PREMIER Out-of-network	50% coverage	After \$125 annual deductible, 50% coverage	No coverage	After \$125 annual deductible, emergency dental services provided same as eligible out-of-network services	50% coverage
DELTA DENTAL PPO In-network coverage only	100% coverage	80% coverage	50% coverage	In-network services provided same as any service; out-of-network services apply \$50 deductible then same as any in-network service	80% coverage
UPLAN HEALTHPARTNERS DENTAL CHOICE In-network	100% coverage	80% coverage	50% coverage	Emergency dental services provided same as eligible dental services	80% coverage
UPLAN HEALTHPARTNERS DENTAL CHOICE Out-of-network	50% coverage	After \$125 annual deductible, 50% coverage	No coverage	After \$125 annual deductible, emergency dental services provided same as eligible out-of-network services	50% coverage
UPLAN HEALTHPARTNERS DENTAL In-network coverage only	100% coverage	80% coverage	50% coverage	In-network services provided same as any service; out-of-network services apply \$50 deductible then same as any in-network service	80% coverage

For all of the dental plans, the **annual maximum benefit is \$1,800 per person per contract year.**

Covered Services under Each Type of Dental Care

The **Dental Plan Comparison** shows the coverage levels for each category of dental care. You'll want to review what dental services are covered in each category.

All of the dental plans provide comprehensive coverage, but coverage may not be the same for all services. Specifically, review the benefit for different types of fillings under each plan that is available in your area.

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

- Fillings (customary restorative materials)
 - **Benefit for back teeth is based on cost of amalgam (silver) fillings:** Delta Dental PPO and HealthPartners Dental
 - **Benefit for back teeth is based on cost of composite (white) fillings:** Delta Dental Premier; and HealthPartners Dental Choice
 - **Benefit for front teeth is based on cost of composite (white) fillings:** All Plans
- 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 Premier and Delta Dental PPO:

Customer Service: 651-406-5916
Toll free: 800-448-3815
TTY: 1-888-853-7570
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

Dental: 2019 UPlan Biweekly Rates

EMPLOYEE-ONLY COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$2.02	\$14.82	\$16.84
Delta Dental Premier: Greater Minnesota Base Plan	\$2.02	\$18.62	\$20.64
Delta Dental Premier: Twin Cities & Duluth	\$5.82	\$14.82	\$20.64
HealthPartners Dental	\$3.87	\$14.82	\$18.69
HealthPartners Dental Choice	\$5.52	\$14.82	\$20.34

EMPLOYEE AND CHILDREN COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$19.35	\$20.97	\$40.32
Delta Dental Premier: Greater Minnesota Base Plan	\$19.35	\$29.84	\$49.19
Delta Dental Premier: Twin Cities & Duluth	\$28.23	\$20.97	\$49.20
HealthPartners Dental	\$25.06	\$20.97	\$46.03
HealthPartners Dental Choice	\$29.01	\$20.97	\$49.98

EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$22.45	\$24.32	\$46.77
Delta Dental Premier: Greater Minnesota Base Plan	\$22.45	\$34.86	\$57.31
Delta Dental Premier: Twin Cities & Duluth	\$32.99	\$24.32	\$57.31
HealthPartners Dental	\$27.64	\$24.32	\$51.96
HealthPartners Dental Choice	\$32.10	\$24.32	\$56.42

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 and your tax payments too, saving about 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 2019, you may cancel your account. Daycare expenses are not covered after your child's 13th birthday.

Find the list of eligible expenses and care providers 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, 2020, drawing on deposits made to your account in 2019.

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, 2020, to submit claims for eligible expenses from your 2019 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 \$.066 per \$1,000 coverage per 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 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.

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

- 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 \$10,000
- Select **child life** insurance of \$10,000 that covers each eligible dependent child, or select child life during any Open Enrollment without evidence of insurability

AD&D Coverage

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.

Attained age of employee or spouse	2019 Rate Per \$1,000 Per Biweekly Pay Period
Under 30	\$0.018
30-34	\$0.018
35-39	\$0.025
40-44	\$0.027
45-49	\$0.044
50-54	\$0.074
55-59	\$0.114
60-64	\$0.183
65-69	\$0.292
70-74	\$0.468
75-79	\$0.750
80-84	\$1.212
85+	\$2.416

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 humanresources.umn.edu/life-insurance/additional-life-insurance and print and complete a copy of the enrollment form. Return the form to Employee Benefits 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.

Child Life Rates

One premium insures each eligible child for \$10,000 of coverage.

Coverage amount	Total rate per pay period
\$10,000	\$ 0.42

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 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 “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

LifeWorks has established legal forms you can use to create simple wills, financial power of attorney, living wills, or make final arrangements. You are entitled to up to 30 minutes of no-cost consultation time with an attorney located in your community for each separate legal matter you encounter.

LifeWorks also provides caring, confidential support for grief, anger, or anxiety and provides referrals to counseling professionals and related community resources.

Contact Lifeworks at 1-877-849-6034 or at LifeBenefits.com/LFG. The user ID is “lfg” and the password is “resources.”

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

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.

Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period	Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period	Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period
\$300	\$1.65	\$1,900	\$10.45	\$3,500	\$19.25
\$400	\$2.20	\$2,000	\$11.00	\$3,600	\$19.80
\$500	\$2.75	\$2,100	\$11.55	\$3,700	\$20.35
\$600	\$3.30	\$2,200	\$12.10	\$3,800	\$20.90
\$700	\$3.85	\$2,300	\$12.65	\$3,900	\$21.45
\$800	\$4.40	\$2,400	\$13.20	\$4,000	\$22.00
\$900	\$4.95	\$2,500	\$13.75	\$4,100	\$22.55
\$1,000	\$5.50	\$2,600	\$14.30	\$4,200	\$23.10
\$1,100	\$6.05	\$2,700	\$14.85	\$4,300	\$23.65
\$1,200	\$6.60	\$2,800	\$15.40	\$4,400	\$24.20
\$1,300	\$7.15	\$2,900	\$15.95	\$4,500	\$24.75
\$1,400	\$7.70	\$3,000	\$16.50	\$4,600	\$25.30
\$1,500	\$8.25	\$3,100	\$17.05	\$4,700	\$25.85
\$1,600	\$8.80	\$3,200	\$17.60	\$4,800	\$26.40
\$1,700	\$9.35	\$3,300	\$18.15	\$4,900	\$26.95
\$1,800	\$9.90	\$3,400	\$18.70	\$5,000	\$27.50

Voluntary Long-term Disability

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.

Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period	Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period	Maximum Monthly Benefit from All Sources	2019 Rate per Pay Period
\$300	\$1.01	\$1,900	\$6.42	\$3,500	\$11.83
\$400	\$1.35	\$2,000	\$6.76	\$3,600	\$12.17
\$500	\$1.69	\$2,100	\$7.10	\$3,700	\$12.51
\$600	\$2.03	\$2,200	\$7.44	\$3,800	\$12.84
\$700	\$2.37	\$2,300	\$7.77	\$3,900	\$13.18
\$800	\$2.70	\$2,400	\$8.11	\$4,000	\$13.52
\$900	\$3.04	\$2,500	\$8.45	\$4,100	\$13.86
\$1,000	\$3.38	\$2,600	\$8.79	\$4,200	\$14.20
\$1,100	\$3.72	\$2,700	\$9.13	\$4,300	\$14.53
\$1,200	\$4.06	\$2,800	\$9.46	\$4,400	\$14.87
\$1,300	\$4.39	\$2,900	\$9.80	\$4,500	\$15.21
\$1,400	\$4.73	\$3,000	\$10.14	\$4,600	\$15.55
\$1,500	\$5.07	\$3,100	\$10.48	\$4,700	\$15.89
\$1,600	\$5.41	\$3,200	\$10.82	\$4,800	\$16.22
\$1,700	\$5.75	\$3,300	\$11.15	\$4,900	\$16.56
\$1,800	\$6.08	\$3,400	\$11.49	\$5,000	\$16.90

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. 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. (If you become disabled later in your career, this percentage increases, 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 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 humanresources.umn.edu/disability/academic-disability.

Wellbeing Program

The University of Minnesota Wellbeing Program reflects the University's goal to support and enhance all aspects of your wellbeing, which includes your physical, emotional, financial, occupational, intellectual, environmental, and social health.

By participating in wellbeing activities, you will:

- Gain confidence with 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, 2018 – August 31, 2019

Participating in healthy activities allows you to earn points that add up to real savings on your 2020 UPlan medical rates – either \$500 or \$750 a year depending on whether you have a spouse covered under your UPlan medical plan.

If your UPlan coverage is:	You need to earn at least:	To save this amount in 2020:
Employee Only	500 points	\$500
Employee and Children	500 points	\$500
Employee and Spouse with or without Children	750 points (your spouse can earn up to \$250 of these points)	\$750

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, 2019, instead of 500 points.

New Employee Eligibility

The date your UPlan medical benefits are effective and when you enroll determine how you qualify for an annual rate reduction.

- If your UPlan medical benefits are effective June 1, July 1, or August 1, 2019, you can reduce your contribution for 2020 when you take the RedBrick Health Assessment by August 31, 2019, to receive the full incentive of \$500 or \$750. Please note that if your benefits are effective August

1, 2019, you must enroll in the UPlan by the end of business day on August 16, 2019.

- If you enroll after August 16, 2019, and/or your UPlan medical benefits are effective on September 1, 2019, or later, you may begin to earn wellbeing points for 2021 starting on October 1, 2019.

Get started: UMN.RedBrickHealth.com

You will be able to log in to the RedBrick portal using your University of Minnesota username and password about seven to ten business days after your UPlan medical benefits become effective. A spouse covered on the UPlan will need to register and sign-in on the right-hand side of the screen using the UPlan account holder's 7-digit employee ID number.

Once logged in, you have access to programs offered by the University as well as to RedBrick's engaging online experience, which includes a wide variety of activities to help you improve your health and overall wellbeing. While you can participate in the Wellbeing Program any way you choose, the steps below are a common pathway that works well for many people.

- Complete the RedBrick Health Assessment – an online questionnaire about your health – to evaluate your strengths, receive suggestions for improvement and an overall health score
- Participate in a biometric health screening on campus or through your health care provider to learn about your Blood Pressure, Cholesterol, Blood sugar and BMI (Body Mass Index)
- Complete a Next Steps Consult with a RedBrick Health coach over the phone to discuss your health assessment and/or biometric health screening results. The coach can also help connect you to appropriate programs that best fit your goals, needs, and desires.
- Participate in RedBrick Journeys for self-paced virtual coaching in over 65 health topics.
- Check out the Medica Fit Choices (gym reimbursement) program, the bike commuter program, Four Cornerstones of Financial Literacy course, and wide-range of University programs including fitness, mindfulness, and cooking classes.

2018-2019 Participate in Programs and Earn Points

Category	Program	Points (500/750)*	Your Points
Assessments	RedBrick Health Assessment	100	
	Next-Steps Consult®	50	
	Biometric Health Screening	150	
Pledges	Annual Flu Shot	25	
	Non-Tobacco User	25	
	Wellbeing My Way	25 each (125 maximum)	
	Advance Care Directive (Honoring Choices)	25	
Tracking and Challenges	Bike Commuter (25 rides/50 rides/100 rides)	50/150/200	
	Fit Choices Gym Reimbursement (8x per month /12x per month for 6 months)	150/200	
	Challenges: 1-2 per year	75 each (150 maximum)	
	RedBrick Track® (1 point per day)	150 maximum	
Coaching and Support	Weight Watchers* (14 sessions in 4 months, 2 series maximum)	200 each series (400 maximum)	
	Healthy Pregnancy (3 phone coaching sessions)	125	
	RedBrick Journeys® (4-6 weeks avg each session; 6 Journeys maximum)	50 each (300 maximum)	
	RedBrick Phone Coaching (4 phone sessions)	250	
	Face-to-Face Health Coaching* (4 sessions)	250	
	Group Coaching* (5 sessions/7 sessions)	200/250	
	Medication Therapy Management (3 sessions)	150	
	Specialty Therapy Management (4 sessions)	150	
University Classes	Group Strength Express** (13 of 16 classes, up to 3 sessions per year)	150 (450 maximum)	
	Heart Rate Express** (13 of 16 classes, up to 3 sessions per year)		
	Kettlebell Express** (13 of 16 classes, up to 3 sessions per year)		
	Yoga 101** (13 of 16 classes, up to 3 sessions per year)		
	Cross Training Express** (13 of 16 classes, up to 3 sessions per year)		
	Mat Pilates** (Twin Cities only) (13 of 16 classes, up to 3 sessions per year)		
	Mindfulness at Work† (online) (5 of 6 sessions)	150	
	Mindfulness-Based Stress Reduction** (7 of 8 sessions)	150	
	Cooking for Wellness - The Basics** (6 of 7 sessions)	150	
	Cooking for Wellness - Getting Creative** (6 of 7 sessions)	150	
Potential Spouse Total (250 max):			
Your Points Total:			

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

†When you pay for programs up front, you are eligible to receive 50% reimbursement up to \$100. One class within each of the categories of fitness, mindfulness, or cooking classes is eligible for reimbursement per year. Two Weight Watchers series can be reimbursed per year. Reimbursements are processed and taxed through payroll for both employees and their UPlan-covered spouses.

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 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
- 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
eap@umn.edu

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, in the Twin Cities, or 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, the largest provider of full-service, community-based financial counseling and financial education in Minnesota.

Enhanced services include up to six private sessions per year of financial counseling, free and confidential, with an LSS certified financial counselor for issues such as:

- Budget & debt counseling
- Credit report coaching
- Student loan repayment counseling
- Foreclosure prevention
- Reverse mortgage counseling
- Financial wellbeing coaching

Another service, developing a debt-management plan for credit card debt, has a separate fee.

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 debt and budget calculators.

With LSS Financial Counseling, you can work to achieve financial success, whether it is 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

Overview of retirement plans

Benefits-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. 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

The Employee Benefits website at humanresources.umn.edu/employee-benefits/retirement has detailed information about your primary retirement plan.

Learn more about the benefits and limits of the two voluntary retirement savings plans. When you are ready to sign up, the investment companies' enrollment forms are online as well as the University of Minnesota's savings agreement.

Send your completed forms to Employee Benefits. 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 2018

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 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 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 this notice or your current prescription drug coverage

If you go 63 days or longer without prescription drug coverage that's 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'll 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
- 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.

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.

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Office of Human Resources

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Driven to Discover®

Employee Benefits

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