Welcome to the New Employee Health Benefits Enrollment Workshop presentation.
UPlan Basic Benefits Eligibility

- **Work 75 to 100% time in eligible appointment:**
  University contributes toward the cost for your medical and dental plan

- **Work 50 to 74% time in eligible appointment:**
  Eligible to enroll in coverage at full cost

- **Effective Date for Medical, Dental, and Basic Life:**
  Effective date is the first day of the month following your first day of employment

To be eligible for the University of Minnesota UPlan health benefits program, you need to have an eligible appointment.

If your eligible appointment is from 75 to 100% time, you will receive the University contribution toward the cost for your medical and dental plan.

You are eligible for benefits if your appointment is from 50 to 74% time, but you will pay the full cost.

As a newly hired employee, your employee medical, dental, and basic life insurance will become effective on the first day of the month following your first day of employment.
Eligible Dependents

- Spouse, if legally married
- For medical coverage, if your spouse is working full-time for an employer, then he or she must not be receiving either cash or credits
  - in place of medical coverage, or
  - in exchange for medical coverage with a deductible of $750 or greater

Your dependents are eligible for UPlan coverage. This includes your spouse, if you are legally married.

For medical coverage, if your spouse is working fulltime for an employer, then he or she must not be receiving cash or credits in place of taking medical coverage, or in exchange for medical coverage with a deductible of $750 or greater.
Eligible Dependents

- Dependent child — birth through age 25 (up to 26th birthday)
  - Your unmarried or married biological child,
  - legally adopted child or child placed for purposes of adoption,
  - foster child,
  - stepchild, or
  - other child state or federal law requires to be treated as a dependent

Your dependent children from birth through age 25 are eligible for UPlan coverage.

This includes your unmarried or married biological child, legally adopted child or child placed for the purposes of adoption, a foster child, a stepchild, or other child that state or federal law requires to be treated as a dependent.
Eligible Dependents

• Disabled child — Age 26 or older (no maximum) if physically or mentally disabled and either:
  • Lives with you and does not provide more than half of his or her own support, or
  • Does not live with you, but is at least 50% dependent on you

If your child is physically or mentally disabled, he or she will continue to be an eligible dependent for UPlan coverage at age 26 or older.

The child who is disabled must either live with you and not provide more than half of his or her own support, or if the child does not live with you, he or she must be at least 50% dependent on you.
Medical & Dental Base Plans and Zones

• The UPlan is designed with Base Plans that offer low rates and copayments for medical and dental benefits
• Base Plans and other plan options differ by Zones, which are geographic locations
• Base Plans for the Twin Cities area and Duluth Zone are:
  • Medica Elect/Essential and Delta Dental PPO
• Base Plans for Greater Minnesota Zone are:
  • Medica Choice Regional and Delta Dental Premier
• You may choose a medical or dental plan that is available in the Zone in which you live or work

Base plans are the UPlan options that offer low rates and copayments for medical and dental plan benefits. For other plan options, your rate includes the additional cost of that plan.

The Base Plans and the medical and dental options available to you differ by Zone or geographic location.

The Base Plans for the Twin Cities and Duluth Zone are Medica Elect/Essential and Delta Dental PPO.

The Base Plans for the Greater Minnesota Zone are Medica Choice Regional and Delta Dental Premier

If you live in one Zone but work in a different Zone, you may choose your medical or dental plans from either one.
Medical Plan Options

- **Medica Elect/Essential** (Base plan): Each family member selects a primary care clinic in a care system; primary clinic number is required for enrollment

- **Medica Choice Regional** (Base plan): Open access plan that uses Medica Choice statewide network; plan does not require clinic selection or referrals in the network

- **Medica ACO Plan**: Must live in the 13-county Twin Cities metro area to select an ACO (Accountable Care Organization); has network of primary care and specialty care providers who work together to coordinate care
  - Fairview & North Memorial Vantage with Medica
  - Inspiration Health by HealthEast with Medica
  - Park Nicollet First with Medica
  - Ridgeview Community Network powered by Medica

**Medica Elect/Essential**: base plan and low cost option for the Twin Cities, surrounding areas, and Duluth. Family members may select their own primary care clinic from either the Elect or Essential care system. You’ll need to have the clinic number for your primary care provider when you enroll. You can find the number in the provider directory.

**Medica Choice Regional**: base plan and low cost option for Greater Minnesota including the Crookston, Morris, and Rochester campuses. This is an open access plan, which means you do not have to select a primary care clinic when you enroll, and you may see any specialist in the Choice statewide network without a referral.

**Medica ACO Plan**: requires that you live in the 13-county Twin Cities metro area. In this plan you select one of the four Accountable Care Organizations, which are networks of primary care and specialty providers who work together to coordinate your care.

Elect from: Fairview & North Memorial Vantage with Medica; Inspiration Health by HealthEast with Medica; Park Nicollet First with Medica; or Ridgeview Community Network powered by Medica.
Medical Plan Options

- **Medica Choice National**: Open access plan with a large statewide and national network that allows you to go to any provider without a referral.

- **Medica HSA**: Consumer-driven health plan with a high deductible and a health savings account that uses the Medica Choice statewide and national network. When enrolling during the year, the University contributes a pro-rated amount of the $750 for employee-only coverage and $1,500 for either tier of family coverage into your health savings account. The total deductible is $1,500 for employee-only coverage and $3,000 for either tier of family coverage.

**Medica Choice National**: open access plan with a large statewide and national network. Open access means you do not have to select a primary care clinic when you enroll, and you may see any specialist in the Medica Choice network without a referral.

**Medica HSA**: consumer driven health plan with a high deductible and a health savings account. This plan is also open access and uses the Medica Choice statewide and national networks. When enrolling during the year, the University contributes a prorated amount of the $750 for employee-only coverage and $1,500 for either tier of family coverage into your health savings account. The total in-network and out-of-network deductible amount for employee-only coverage is $1,500 and $3,000 for either tier of family coverage.
Medical Plan Benefits

- Provides regular medical care for the diagnosis and treatment of most illnesses and injuries
- Covers in-network preventive care at 100%
- Provides physician and hospital care on a worldwide basis, subject to copays
- Covers pre-existing conditions without limitations
- Provides the same coverage for emergency and urgent care in-network or out-of-network, subject to copays
- Provides out-of-network coverage at a 70% coinsurance level after $600 deductible
- Provides in-network travel program benefit

All of the medical plan options provide regular medical care for the diagnosis and treatment of most illnesses and injuries. In-network preventive care is covered at 100%. Also covered at 100% are counseling and supplies required under the Affordable Care Act.

The plans cover pre-existing conditions without limitations for you and your dependents.

Emergency and urgent care have the same coverage level for in-network or out-of-network services, subject to copays. The medical plans provide out-of-network coverage at 70% coinsurance after meeting the $600 deductible.

Medical plans provide an in-network travel program benefit, so when you travel away from home you may still receive in-networks benefits by using a network provider.
Pharmacy Program

- **Prime Therapeutics** is the pharmacy benefit manager for the UPlan.
- Your enrollment is automatic upon selecting a medical plan.
- Three cost tiers for prescription medication copayments: $10 Generic Plus, $30 Formulary brand, and $75 Non-formulary brand.
- $0 copay for certain preventive medications specified in the ACA and contraceptives in the Generic Plus category.
- The network includes most pharmacy chains, independent pharmacies, and hospital pharmacies.
- **Fairview Specialty Pharmacy** is the exclusive provider of most specialty medications; offers additional support and education to members with complex or ongoing medical conditions.
- Separate pharmacy ID card from Prime Therapeutics to also use for Fairview Specialty Pharmacy.

Prime Therapeutics is the pharmacy benefit manager for the UPlan. Your enrollment in Prime Therapeutics is made automatically with your medical plan selection.

There are three cost tiers for pharmacy copayments: $10 Generic Plus, $30 Formulary brand, and $75 Non-formulary brand.

$0 copay for certain preventive medications specified in the ACA and contraceptives in the Generic Plus category.

Prime Therapeutics’ network includes a variety of pharmacies including popular pharmacy chains, as well as independent pharmacies and hospital pharmacies.

**Fairview Specialty Pharmacy** is the exclusive provider of most specialty medications. Fairview offers additional support and education to members who need to use specialty medications, which are prescribed for complex or ongoing medical conditions and usually are not stocked at retail pharmacies.

You will receive a separate pharmacy benefit ID card from Prime Therapeutics that you also use for Fairview Specialty Pharmacy.
Wellness Program

- The Wellness Program designs and delivers programs to support wellness at work and in the home.
- The Wellness Program year runs from October 1, 2015, to August 31, 2016.
- Participate in Wellness Program activities and earn the required number of wellness points to earn a reduction in your medical program rates for 2017.
- For the Employee-only or Employee and Children tiers: Earn 400 points to receive a $400 rate reduction.
- For the Employee and Spouse with or without Children tier: Earn 600 points to receive a $600 rate reduction.
- You are encouraged to take the online UPlan wellness assessment annually to identify your health risk factors.

The Wellness Program designs and delivers programs to support wellness at work and in the home. The Wellness Program year runs from October 1, 2015, to August 31, 2016.

By participating in Wellness Program activities and earning the required number of wellness points during the program year, you can earn a reduction in your medical program rates for 2017.

If you are in the Employee-only or Employee and Children coverage tier, you must earn 400 wellness points to earn a $400 rate reduction. For the Employee and Spouse with or without Children coverage tier, you must earn 600 points to receive a $600 rate reduction.

You are encouraged to take the UPlan Wellness Assessment annually to identify your health risk factors. The assessment is a short, online questionnaire.
Wellness Program

- Wellness activities include the *Fit Choices* program that earns wellness points and credits $20 toward your club membership dues when you exercise at least eight times per month.
- Earn more points toward reducing your 2017 medical rate by participating in program options such as:
  - Biometric health screening
  - Weight management
  - Health coaching in person or by telephone
  - 10K-A-Day walking program
  - Bicycle commuter program
  - Medication Therapy Management

Wellness activities include the Fit Choices program that earns wellness points and credits $20 toward your club membership dues when you exercise at least eight times per month.

Earn more points toward your goal by participating in other programs such as biometric health screening, weight management, health coaching, walking, bicycle commuting, and medication therapy management. You can find more options and the points attached to the activities on the Wellness website.
Wellness Program

There are different deadlines and requirements to qualify for a rate reduction for 2017 depending on when a new employee’s benefits become effective and when the UPlan wellness assessment is completed:

- Benefits are effective between February 1 and May 1, 2016:
  - Earn all 400 or 600 wellness points and complete the wellness assessment by August 31, 2016
- Benefits are effective between June 1 and August 1, 2016:
  - Enroll in benefits within 30 days of your hire date and complete the wellness assessment by September 9, 2016
- Benefits effective on September 1, 2016, or later:
  - Earn wellness points starting October 1, 2016, for the 2018 plan year

As a new employee hired during the year, you will have different deadlines and requirements to qualify for a rate reduction for 2017.

If your benefits are effective between February 1 and May 1, you must complete the wellness assessment and earn all 400 or 600 wellness points by August 31, 2016.

If your benefits become effective between June 1 and August 1, you must enroll in benefits within 30 days of your hire date and complete the wellness assessment by September 9, 2016.

If your benefits become effective on September 1 or later, you can earn wellness points starting October 1, 2016, for the 2018 plan year.
Dental Plan Options

Options from Delta Dental:

- **Delta Dental PPO**: Base plan for Twin Cities area and Duluth; has limited network plan with no out-of-network coverage except for emergency care.

- **Delta Dental Premier**: Base plan for Greater Minnesota; has largest network in Minnesota and nationwide. Out-of-network coverage available at reduced benefit level.

- **University Choice**: Open access with no network restrictions for choosing a dentist; reduce balance billing and out-of-pocket costs by using Delta Dental network provider.

Delta Dental PPO is the base plan for the Twin Cities area and Duluth. It is a limited network-only plan with no out-of-network coverage with the exception of emergency care.

Delta Dental Premier is the base plan for Greater Minnesota and uses both the broad Delta Dental Premier network and the Delta Dental PPO network. You also have out-of-network coverage at a reduced benefit level after a deductible.

University Choice is an open access plan administered by Delta Dental. Because it has no network, you can see any dentist of your choice. You can reduce your out-of-pocket costs by using a Delta Dental network provider.
Dental Plan Options

Options from HealthPartners:

- **UPlan HealthPartners Dental**: Limited network plan with no out-of-network coverage except for emergency care.

- **UPlan HealthPartners Dental Choice**: Broad network plan that also offers out-of-network coverage at a reduced benefit level.

UPlan HealthPartners Dental is a limited network-only plan with no out-of-network coverage with the exception of emergency care.

UPlan HealthPartners Dental Choice is a broad network plan that also has out-of-network coverage at a reduced benefit level after a deductible.
Dental Plan Benefits

• All five dental plans have a benefit maximum of $1,800 per person per plan year.
• You do not need to select a dentist when you enroll, but you may wish to verify that your dentist is in the plan’s network.
• In-network care is provided at the following levels:
  • 100% coverage for diagnostic and preventive care
  • 80% coverage for basic restorative care: fillings, sealants, root canal therapy, and restorative crowns
  • 50% coverage for major restorative care: bridgework, implants, and dentures
  • 80% coverage for orthodontics for dependents up to age 19 with a separate $2,800 lifetime maximum
The University offers two pre-tax flexible spending accounts: Health Care has an employee contribution maximum of $2,550 and Dependent Daycare has a household contribution maximum of $5,000.

Your flexible spending account is effective from the first pay period following completion of your online enrollment.

The contributions are taken on a pre-tax basis, which saves at least 30% of each dollar because you are not paying income tax on that money.

The amount that you choose is divided by the number of pay periods remaining in the year, and an equal amount is withheld from each paycheck.

You may file claims for expenses incurred beginning on or after your effective date of coverage through March 15 of the following year.
Flexible Spending Accounts

- **Health Care FSA:** Eligible expenses include medical, pharmacy, or dental copays and deductibles, vision care, over-the-counter medications with a prescription, and health care services received outside your provider network.
- **Dependent Daycare FSA:** Eligible expenses for care of children up to age 13 or for a spouse who is disabled or is a full-time student that enable you and your spouse to work.
- Per IRS guidelines, the dollar amounts in the accounts are “use it or lose it.”
- You must make a new election during Open Enrollment to participate in the FSA for the following year.
- Accounts are administered by ADP Benefit Solutions (ADP).

For the Health Care FSA, eligible expenses include out-of-pocket medical, pharmacy, or dental copays and deductibles, vision care, over-the-counter medications with a prescription, and health care services received outside your provider network.

For the Dependent Daycare FSA, eligible expenses include child care costs for eligible dependent children up to age 13 or daycare expenses for a spouse or parent who lives with you and is mentally or physically incapable of self-care.

Per IRS guidelines, the flexible spending accounts are “use it or lose it” accounts. For this reason, calculate your expenses carefully before making your election.

You must make a new election during the annual Open Enrollment to participate in the FSA the following year. Both accounts are administered by ADP Benefit Solutions, which provides real-time, secure online access to your FSA claims information and spending account summary.
Employee Basic Life Insurance

- Amount is 115% of your annual base salary rounded up to next $1,000 (if not already a multiple thereof) with a maximum of $200,000
- If your appointment is less than 100% time, the amount is based on your part-time salary
- Premium cost is paid by University if your appointment is 75% time or greater
- You pay full cost if your appointment is between 50% and 74% time
- You may designate specific beneficiaries

The Employee Basic Term Life Insurance is 115% of your annual base salary, rounded up to the next $1,000 with a maximum of $200,000. If your appointment is less than 100% time, the amount is based on your part-time salary.

The University pays the premium cost for basic life insurance if your appointment is 75% time or greater. You pay full cost if your appointment is between 50% and 74% time.

You may designate specific beneficiaries. If you have no named beneficiary, Minnesota Life would pay the death benefit in the following order of priority:

1. your lawful spouse, if living; otherwise,
2. your natural or legally adopted children in equal shares, if living; otherwise,
3. your parents in equal shares, if living; otherwise,
4. the personal representative of your estate.
Additional Life Insurance

- You pay full cost of premium for additional life insurance coverage for yourself, spouse, and children.
- Enroll without evidence of insurability for underwriting within first 30 days of employment for:
  - Additional Employee Life: multiples of $1,000 to lesser of three times annual salary or $500,000
  - Spouse Life: multiples of $1,000 up to $10,000
  - Child Life: $10,000 covers all eligible children
- Rates are based on age and amount of elected coverage for employee and spouse coverage.
- Child life has a flat rate that covers all eligible children.

You pay the full cost of the premium for optional, additional life insurance for yourself, your spouse, and children.

You can enroll without evidence of insurability within the first 30 days of employment for specific amounts of optional coverage.

For you and your spouse, rates are based on age and amount of elected coverage, whereas child life has a flat rate that covers all eligible children.
Short-Term Disability Insurance

- Voluntary, employee-paid short-term disability is administered by Cigna
- Provides income protection if you are disabled and unable to work due to a non-work related injury, physical disease, pregnancy, or mental disorder
- Elect an amount to replace up to 66-2/3% of monthly salary in increments of $100, but not more than $5,000 per month
- Provides income replacement benefits from 1st day of covered injury or 8th day of covered sickness for up to 180 days for any one period of continuous disability

The voluntary, employee-paid Short-term Disability coverage is provided and administered by Cigna.

Short-term disability insurance provides you with income protection if you are disabled and unable to work due to a non-work related injury, physical disease, pregnancy, or mental disorder.

You can elect an amount to replace up to 66-2/3% of your monthly salary in increments of $100, but not more than $5,000 per month.

You will receive income replacement benefits from the first day of disability due to a covered injury or the eighth day of a disability due to sickness or pregnancy for up to 180 days for any one period of continuous disability.
Long-Term Disability Insurance

- Voluntary, employee-paid long-term disability is administered by Cigna
- Available to civil service and labor-represented employees
- Replaces up to 60% of salary but not more than $5,000 per month
- Provides income protection after you have been continuously disabled for 180 days and remain disabled
- Continues as long as you are certified disabled or until you reach normal retirement age
- Can apply either within 30 days of your employment date or benefits eligibility or during the Open Enrollment period

The voluntary, employee-paid Long-term Disability coverage is administered by Cigna. This coverage is available only to civil service and labor-represented employees. Faculty and P&A staff have a separate plan.

You can elect an amount to replace up to 60% of your salary but not more than $5,000 per month.

Long-term disability insurance provides you with income protection after you have been continuously disabled for 180 days and remain disabled. Coverage continues as long as you are certified disabled or until you reach Social Security normal retirement age.

You can apply for long-term disability coverage only within 30 days of your first day of employment or benefits eligibility or during the Open Enrollment period in November.
Academic Disability Program

- Disability coverage is provided for Faculty and P&A staff who work 26.75 standard hours per week in appointments of at least nine months in duration through the Academic Disability Program and is paid by the University.
  - Medical Leave Benefit: replaces your salary for up to three consecutive months and is paid by your department
  - Academic Disability Benefit: replaces 66-2/3 to 100% of your salary during the 4th through 12th month of disability and is paid by the University
  - Long-term Disability Insurance Policy: pays disability benefits up to the Social Security normal retirement age if ongoing disability is certified by Cigna who administers the plan

The University of Minnesota provides paid medical leave and long-term disability benefits to eligible faculty and P&A staff who are unable to perform their work duties due to a certified mental or physical health condition.

The Academic Disability Program is comprised of the following:
- Medical Leave Benefit that replaces your salary for up to three consecutive months and is paid by your department
- Academic Disability Benefit that replaces 66-2/3 to 100% of your salary during the 4th through 12th month of disability and is paid by the University
- Long-term Disability Insurance Policy that pays disability benefits up to the Social Security normal retirement age if your ongoing disability is certified by Cigna who administers the plan
The University provides basic retirement plans for both faculty and staff. Participation is mandatory, and you will be automatically enrolled in the plan. Your required contributions are taken on a pre-tax basis.

**Minnesota State Retirement System (MSRS)**
- This defined benefit pension plan is the basic retirement plan for Civil Service and non-faculty labor represented employees.

**Faculty Retirement Plan**
- This 401(a) contribution plan is the basic retirement plan for faculty members and professional administrative and academic (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, Civil Service, and labor represented staff members paid on a continuous basis are eligible to participate in these voluntary retirement savings plans:
  - Optional Retirement Plan is a voluntary retirement savings/investment plan covered under section 403(b) of the Internal Revenue Code.
  - Section 457 Deferred Compensation Plan (457 Plan) is a tax-deferred retirement plan.
- Request enrollment kit with information on the Plan and the participating investment companies. You may request the kit online or call 612-624-8647 or 800-756-2363 to reach the Employee Benefits Service Center.
Long-Term Care Insurance Program

• Long-term Care Insurance pays for care that you need when you cannot safely care for yourself
• Available through LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan
• Complete enrollment process for this voluntary benefit directly with LifeSecure Insurance Company
• Newly hired employees and spouses ages 18 to 65 have 90 days from date of hire to apply for coverage with simplified underwriting
• Newly hired employees ages 66 to 79 and all other family members can apply for coverage with full underwriting

Long-term Care Insurance is designed to pay for care that you need when you cannot safely care for yourself for activities of daily living.

The coverage is available through LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan. You complete the enrollment process for this voluntary benefit directly with LifeSecure Insurance Company.

You and your spouse ages 18 to 65 have 90 days from the date of hire to apply for coverage with simplified underwriting. However, if you are between ages 66 to 79, you can apply for coverage with full underwriting. All other family members who apply for coverage must also complete full underwriting.
Enrollment Guidelines

- You are eligible for benefits provided by the University of Minnesota because you are either a new employee or in a newly benefits-eligible position.
- You need to make your benefits elections online through the MyU portal for yourself, your spouse, and dependent children within 30 days of employment or benefits-eligible position.
- Employee Benefits will contact you by email after they have prepared the website for you to enroll.
Enrollment Guidelines

- **Newly hired**: your basic employee medical, dental and life insurance will become effective on the first day of the month following your first day of employment.

- **Newly eligible as a result of an appointment change**: your basic employee medical, dental and life insurance will become effective on the first day of the month following the date of the eligible change.
  - However, if your newly eligible appointment begins on the first of the month, then your coverage becomes effective on that day.

If you are newly hired, your basic employee medical, dental, and life insurance will become effective on the first day of the month following your first day of employment.

If you are a current employee who becomes newly eligible for coverage as a result of an appointment change, your basic employee medical, dental and life insurance will become effective on the first day of the month following the date of the eligible change.

However, if your newly eligible appointment begins on the first day of the month, then your coverage becomes effective on that day.
Information Resources for Benefits

- You will find detailed information about these benefits on the Employee Benefits website.

- You can speak to a benefits specialist by calling 4-UOHR (612-624-8647 or 1-800-756-2363) and selecting option 1.

- You can send an email at benefits@umn.edu to Employee Benefits for more information.

You can find detailed information about these benefits on the Employee Benefits website. You can also speak to a benefits specialist on the phone, or send an email to Employee Benefits.

Thank you for taking the time to view this presentation to learn about your benefits.