We are expecting a large number of participants for today’s program. Please help eliminate empty seats by moving to the center of your row. As a courtesy to your colleagues, please turn off cell phones and pagers.
Supplemental Medical, Dental, and Life Insurance—2017
Retiree Definition for Health Insurance Continuation

• You are age 55 or older with five years of service
• You are age 50 to 55 with 15 years of service
• You are any age with 30 or more years of service
Continuation of Coverage After Retirement

• You have the option to continue UPlan health benefit coverage to age 65

• At age 65, you may purchase a Medicare supplemental plan

• If you don’t continue coverage now, you and your dependents will not have another opportunity to re-enroll in a health plan
Continuation of Coverage After Retirement

• You may continue coverage for your eligible, covered dependents

• If you do not have dependent coverage now, you may add dependents to your coverage, only if:
  • Your eligible dependents lose other group coverage
  • You marry after retirement

**Note:** You must apply for coverage within 30 days of the family status change.
Who Pays the Premium?

• You pay the full cost of premiums
  • University does not contribute to insurance for retirees

• You will be billed directly by the plan
2017 Medical Options: Retirees under Age 65
2017 Medical Options: 
Retirees under Age 65

• Medica Elect/Essential (Twin Cities and Duluth)
• Medica Choice Regional (Greater Minnesota)
• Medica ACO Plan (Four defined networks within the state and neighboring counties)
• Medica Choice National
• Medica HSA
• Prime Therapeutics provides pharmacy benefits for all plans
2017 Monthly Medical Rates: Retiree only, Spouse under age 65 only, Surviving Spouse only, or one Dependent Child only

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Wellness Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medica Elect/Essential</strong> – Twin Cities and surrounding counties and Duluth</td>
<td>$605.53</td>
<td>$638.86</td>
</tr>
<tr>
<td><strong>Medica Choice Regional</strong> – Greater MN</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medica ACO Plan</strong> – Four defined networks</td>
<td>$583.30</td>
<td>$616.63</td>
</tr>
<tr>
<td><strong>Medica Choice National</strong></td>
<td>$671.49</td>
<td>$704.82</td>
</tr>
<tr>
<td><strong>Medica HSA</strong></td>
<td>$543.79</td>
<td>$577.12</td>
</tr>
</tbody>
</table>
## 2017 Monthly Medical Rates: Retiree & Children, Spouse under age 65 & Children; or two or more Dependent Children only

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Wellness Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medica Elect/Essential – Twin Cities and surrounding counties and Duluth</td>
<td>$1,074.21</td>
<td>$1,107.54</td>
</tr>
<tr>
<td>Medica Choice Regional – Greater MN</td>
<td>$1,033.75</td>
<td>$1,067.08</td>
</tr>
<tr>
<td>Medica ACO Plan – Four defined networks</td>
<td>$1,186.14</td>
<td>$1,219.47</td>
</tr>
<tr>
<td>Medica Choice National</td>
<td>$951.33</td>
<td>$984.66</td>
</tr>
<tr>
<td>Medica HSA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2017 Monthly Medical Rates: Retiree under age 65 and Spouse under age 65 with or without Children

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Wellness Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medica Elect/Essential</strong> – Twin Cities and surrounding counties and Duluth</td>
<td>$1,606.33</td>
<td>$1,656.33</td>
</tr>
<tr>
<td><strong>Medica Choice Regional</strong> – Greater MN</td>
<td>$1,549.65</td>
<td>$1,599.65</td>
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<tr>
<td><strong>Medica Choice National</strong></td>
<td>$1,777.15</td>
<td>$1,827.15</td>
</tr>
<tr>
<td><strong>Medica HSA</strong></td>
<td>$1,483.93</td>
<td>$1,533.93</td>
</tr>
</tbody>
</table>
Medicare
Medicare Eligibility

- You are eligible on the first day of the month in which you turn age 65

**Note:** If at age 65, you remain an active employee, then you will stay in the active group plan.
Medicare Coordination

- Medicare-eligible retirees and spouses age 65 or older:
  - Required to enroll in Medicare Part A and Part B in order to participate in the group insurance plans
  - Apply for Medicare at least three months prior to retirement
Review of Medicare Benefits

• Part A — Hospital Insurance
• Part B — Supplemental Medical Insurance
Medicare Part A: Hospital Insurance

- No monthly premium—part of Social Security tax while employed
- Limited coverage for:
  - Inpatient hospital care with deductible and coinsurance
  - Skilled nursing facility care with coinsurance
  - Home health services
  - Hospice care
# Medicare Part B: Supplemental Medical Insurance

<table>
<thead>
<tr>
<th>Cost</th>
<th>Single Person</th>
<th>Married Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>$134.00</td>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
</tr>
<tr>
<td>$187.50</td>
<td>Above $85,000 up to $107,000</td>
<td>Above $170,000 up to $214,000</td>
</tr>
<tr>
<td>$267.90</td>
<td>Above $107,000 up to $160,000</td>
<td>Above $214,000 up to $320,000</td>
</tr>
<tr>
<td>$358.30</td>
<td>Above $160,000 up to $214,000</td>
<td>Above $320,000 up to $428,000</td>
</tr>
<tr>
<td>$428.60</td>
<td>Above $214,000</td>
<td>Above $428,000</td>
</tr>
</tbody>
</table>
Medicare Part B: Supplemental Medical Insurance

- After the $183 annual deductible for 2017, Medicare pays 80% of “reasonable cost”
  - Eligible physician services
  - Lab, diagnostic services
  - Outpatient medical and surgical hospital services
  - Certain home health services
  - Durable medical equipment
Exclusions from Medicare

- Custodial care
- Doctor’s charges above “reasonable cost”
- Routine dental care
- Routine checkups
- Eye exams, glasses
- Hearing aids and exams for fitting
2017 Medical Options: Age 65 or Over

• Blue Cross Blue Shield of Minnesota
  • U of M Retiree Plan—Plan 1
  • Group Platinum Blue Plan C—Plan 2
• HealthPartners Freedom and HealthPartners Retiree National Choice—Plan 1 and Plan 2
• Medica Group Prime Solution—Plan 1 and Plan 2
• UCare for Seniors—Plan 1 and Plan 2
### 2017 Monthly Medical Rates: Age 65 or Over (includes premium for Medicare Part D)

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Cost per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield of MN</td>
<td></td>
</tr>
<tr>
<td>U of M Retiree Plan</td>
<td>Plan 1: $322.25</td>
</tr>
<tr>
<td></td>
<td>Plan 2: $176.50</td>
</tr>
<tr>
<td>Group Platinum Blue Plan C</td>
<td></td>
</tr>
<tr>
<td>HealthPartners Freedom and HealthPartners</td>
<td>Plan 1: $281.70</td>
</tr>
<tr>
<td>Retiree National Choice</td>
<td>Plan 2: $171.30</td>
</tr>
<tr>
<td>Medica Prime Solution</td>
<td>Plan 1: $299.00</td>
</tr>
<tr>
<td></td>
<td>Plan 2: $172.00</td>
</tr>
<tr>
<td>UCare for Seniors</td>
<td>Plan 1: $296.00</td>
</tr>
<tr>
<td></td>
<td>Plan 2: $161.00</td>
</tr>
</tbody>
</table>

**Note:** Same rates for surviving spouse age 65 or over and participants on disability status with Medicare Part A and Part B.
Example

If retiree is age 65 or over and spouse is under age 65:

• Medical coverage would include the cost of:
  • One age-65-or-over plan option, and
  • One under-age-65 plan option
Medicare Part D

• Enrollment in Medicare Part D occurs automatically when you enroll in a Medicare supplemental plan

• Premiums paid to Medicare supplemental plan cover cost of Medicare Part D
Retiree Medical Plan Facts
Facts to Remember about Medicare Options

- The **UCare for Seniors** plan requires you to assign Medicare benefits.
- Some options have restrictions on how long you may be out of the service area.
- Network size varies in the plan options.
Retiree Medical Plan Facts: BCBS U of M Retiree Plan, Plan 1

• Freedom to choose your doctor; primary care physician selection is not required

• Office Visit / Emergency / Ambulance / Urgent Care Service – 100% after $183 Medicare Part B annual deductible

• Inpatient Admission, Skilled Nursing, Mental Health, and Chemical Dependency – 80% of first $2,900 of total allowed amount following the $100 annual inpatient deductible; 100% thereafter through end of calendar year

• Your annual out-of-pocket expense would be $863, which includes $580 inpatient coinsurance plus $100 annual inpatient deductible plus $183 for Part B deductible
Retiree Medical Plan Facts:  
BCBS U of M Retiree Plan, Plan 1

- Prescription Drug Coverage for 31-Day Supply:

  Note: A separate card is provided for pharmacy coverage through Group MedicareBlue Rx

  - Generic: $10 copay
  - Formulary brand: $30 copay
  - Non-preferred formulary brand: $50 copay
  - Specialty: $50 copay
  - Supplemental: 75% coverage
  - 3-month supply available for 2 copays through mail order or if using Preferred Extended Network (PXT) within Group MedicareBlue Rx Pharmacy network
Retiree Medical Plan Facts:
BCBS U of M Retiree Plan, Plan 1

- **Catastrophic Pharmacy:**
  - If total prescription out-of-pocket drug expenses exceed $4,950 per year, member will pay the *greater of*:
    - $3.30 copay for covered generic or multisource preferred brand drugs and $8.25 copay for all other covered drugs, or
    - 5% of drug cost

- **Travel Policy:**
  - No limitations

- **Application Requirement:**
  - Separate application required for Group MedicareBlue Rx coverage
Retiree Medical Plan Facts:
BCBS Group Platinum Blue Plan C, Plan 2

• Freedom to choose your doctor; primary care physician selection is not required
• Office Visit – 100% after $20 copay / Emergency – 100% after $50 copay / Ambulance – 100% after $50 copay / Urgent Care Service – 100% after $20 copay
• Inpatient Admission – 100% after $200 copay for each Medicare-covered stay;
• Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
• Mental Health – 100% after $200 copay up to 190 days of inpatient psychiatric hospital care in a lifetime; does not apply to psychiatric care provided in a general hospital
• Chemical Dependency – 100% after $200 copay
Retiree Medical Plan Facts:
BCBS Group Platinum Blue Plan C, Plan 2

- **Prescription Drug Coverage for 31-Day Supply:**
  
  **Note:** A separate card is provided for pharmacy coverage through Group MedicareBlue Rx
  
  - Generic: $10 copay
  - Formulary brand: $30 copay
  - Non-preferred formulary brand: $60 copay
  - Specialty and Supplemental: 75% coverage
  
  - 3-month supply available for 2 copays through mail order or if using Preferred Extended Network (PXT) within Group MedicareBlue Rx Pharmacy network
Retiree Medical Plan Facts: BCBS Group Platinum Blue Plan C, Plan 2

• **Catastrophic Pharmacy:**
  • If total prescription out-of-pocket drug expenses exceed $4,950 per year, member will pay the *greater of*:
    • $3.30 copay for covered generic drugs and multisource preferred brand drugs and $8.25 copay for all other covered drugs, or
    • 5% of the cost of covered drugs

• **Travel Policy:**
  • May travel out of service area within the U.S. for 9 months; no activation of benefits required

• **Application Requirement:**
  • Separate application required for Group MedicareBlue Rx coverage
Retiree Medical Plan Facts: HealthPartners Freedom, Plan 1

- Network of providers available to members who reside in Minnesota and western Wisconsin
- Open-access network — no referrals within network
- Members retain ownership of Medicare card
- Office Visit – 100% after $15 copay / Emergency Services – 100% after $50 copay / Ambulance – 100% / Urgent Care – 100% after $15 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% coverage
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
Retiree Medical Plan Facts:
HealthPartners Retiree National Choice, Plan 1

• Same benefits as HealthPartners Freedom, Plan 1
• Members must permanently live outside of Minnesota and western Wisconsin
• No contracted network – can see any Medicare provider in the U.S. without a referral
• Members retain ownership of Medicare card
Retiree Medical Plan Facts: HealthPartners Freedom & HealthPartners Retiree National Choice, Plan 1

• Prescription Drug Coverage for 30-Day Supply
  • Generic: $10 copay
  • Formulary brand: $30 copay
  • Non-preferred formulary brand: $30 copay
  • Specialty: $50 copay
  • 3-month supply available for 2 copays through mail order

• Catastrophic Pharmacy
  • If total prescription drug out-of-pocket expenses exceed $4,950 per year, member will pay the lesser of:
    • 5%, or
    • Copays shown above
Retiree Medical Plan Facts: HealthPartners Freedom, Plan 2

- Network of providers available to members who reside in Minnesota and western Wisconsin
- Open-access network – no referrals within network
- Members retain ownership of Medicare card
- Office Visit – 100% after Primary Care $20 copay/Specialist $30 copay
- Emergency Services – 100% after $100 copay / Ambulance – 80% / Urgent Care – 100% after $30 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after $200 copay per visit
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
Retiree Medical Plan Facts: HealthPartners Retiree National Choice, Plan 2

• Same benefits as HealthPartners Freedom Plan 2
• Members must permanently live outside of Minnesota and western Wisconsin
• No contracted network — can see any Medicare provider in the U.S. without a referral
• Members retain ownership of Medicare card
Retiree Medical Plan Facts:
HealthPartners Freedom & HealthPartners Retiree National Choice, Plan 2

• **Prescription Drug Coverage for 30-Day Supply**
  • Generic: **$10** copay
  • Formulary brand: **$35** copay
  • Non-preferred formulary brand: **$70** copay
  • Specialty: **75%** coverage
  • 3-month supply available for 2 copays through mail order

• **Catastrophic Pharmacy**
  • If total prescription drug out-of-pocket expenses exceed $4,950 per year, member will pay the **greater of**:
    • 5% of drug cost  or
    • $3.30 copay for covered generic drugs and $8.25 copay for brand/formulary drugs
Retiree Medical Plan Facts:
HealthPartners Freedom & HealthPartners Retiree National Choice, Plans 1 & 2

- **Travel Policy**
  - May be out of service area for up to 9 consecutive months
  - Benefits must be activated by contacting Member Services

- **Application Requirement**
  - Complete application from plan
Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 1

- Network of providers in all of Minnesota’s counties and selected counties in North and South Dakota and Wisconsin
- Open Access Network: no referrals needed when using network providers
- Members retain ownership of Medicare card
- Office Visit – 100% after $15 copay
- Urgent Care – 100% after $15 copay
- Emergency Services – 100% after $50 copay
- Ambulance Services – 100%
- Inpatient Admission, Mental Health, and Chemical Dependency – 100%
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 1

• Prescription Drug Coverage for 31-Day Supply
  • Preferred generic: $10 copay
  • Non-preferred generic: $30 copay
  • Formulary brand: $30 copay
  • Non-preferred formulary brand: $30 copay
  • Specialty: $30 copay
  • 93-day supply available for 2 copays through mail order

• Catastrophic Pharmacy:
  • If total prescription drug out-of-pocket expenses exceed $4,950 per year, member will pay 100% coverage after $10 generic copay or $30 brand copay
Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 2

- Network of providers in all of Minnesota’s counties and selected counties in North and South Dakota and Wisconsin
- Open Access Network: no referrals needed when using network providers
- Members retain ownership of Medicare card
- Office Visit – 100% after $20 Primary Care/$30 Specialist copay
- Urgent Care – 100% after $30 copay
- Emergency Services – 100% after $65 copay
- Ambulance Services – 80% coinsurance
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after $200 copay
- Skilled Nursing – 100% after 3-day hospitalization for up to 100 days per benefit period
Retiree Medical Plan Facts: Medica Group Prime Solution, Plan 2

- **Prescription Drug Coverage for 31-day Supply**
  - Preferred generic: $10 copay
  - Non-preferred generic: $20 copay
  - Formulary brand: $30 copay
  - Non-preferred formulary brand: $70 copay
  - Specialty: 75% coverage
  - 93-day supply available for 2 copays through mail order

- **Catastrophic Pharmacy:**
  - If total prescription drug out-of-pocket expenses exceed $4,950 per year, member will pay the greater of:
    - 5% of drug cost or
    - $3.30 copay for covered generic drugs and $8.25 copay for brand/formulary drugs
Retiree Medical Plan Facts:
Medica Group Prime Solution, Plans 1 & 2

• **Travel Policy**
  • May be out of service area for up to 9 consecutive months

• **Application requirement**
  • Complete application from plan
Retiree Medical Plan Facts: UCare for Seniors, Plan 1

- Network providers available to members who reside anywhere in Minnesota and 26 counties in Wisconsin
- Must choose a primary care clinic/physician
- May see any specialist in the network without referral
- Cannot use your Medicare benefits outside of UCare network
- Office Visit – $15 copay / Urgent Care – $20 copay
- Emergency Services – 100% after $50 copay
- Ambulance – 100%
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% coverage
- Skilled Nursing – 100% for up to 100 days per benefit period – No requirement for 3-day hospital stay
Retiree Medical Plan Facts: UCare for Seniors, Plan 1

• Prescription Drug Coverage for 34-Day Supply
  • Generic: $10 copay
  • Formulary brand: $30 copay
  • Non-preferred Formulary: $50 copay
  • Specialty: $50 copay
  • 90-day supply for 2 copays at retail stores or through mail order

• Catastrophic Pharmacy
  • 100% coverage after $10 generic copay; $30 preferred brand copay; $50 non-preferred brand or specialty copay
Retiree Medical Plan Facts: UCare for Seniors, Plan 2

- Network providers available to members who reside anywhere in Minnesota and 26 selected counties in Wisconsin
- Must choose a primary care clinic/physician
- May see any specialist in the network without referral
- Cannot use your Medicare benefits outside of UCare network
- Office Visit – $20 copay / Urgent Care – $35 copay
- Emergency Services – 100% after $75 copay
- Ambulance – 100% after $100 copay
- Inpatient Admission, Mental Health, and Chemical Dependency – 100% after $200 copay
- Skilled Nursing – 100% for up to 100 days per benefit period – No requirement for 3-day hospital stay
Retiree Medical Plan Facts: UCare for Seniors, Plan 2

• Prescription Drug Coverage for 34-Day Supply
  • Generic: $10 copay
  • Formulary brand: $30 copay
  • Non-preferred formulary brand: $60 copay
  • Specialty: 75% coverage
  • 90-day supply for 2 copays through mail order only

• Catastrophic Pharmacy
  • If total prescription drug out-of-pocket expenses exceed $4,950 per year, member will pay the greater of:
    • 5% of drug cost or
    • $3.30 copay for covered generic drugs and $8.25 copay for brand/formulary drugs
Retiree Medical Plan Facts: UCare for Seniors, Plans 1 & 2

• **Travel Limitation**
  • May be out of service area for 6 consecutive months; after that, eligible for emergency services
  • No need to notify Member Services

• **Application Requirement**
  • Complete application from plan
For More Information:

- **HealthPartners Freedom**
  - HealthPartners Retiree National Choice
    - 952-883-7428 or 1-866-993-7428
    - www.healthpartners.com/uofm

- **Medica Group Prime Solution**
  - 952-992-2330 or 1-800-575-2330
  - www.medica.com

- **UCare for Seniors**
  - 612-676-6900 or 1-877-598-6574
  - Groupsales@.ucare.org
For More Information:

• Blue Cross Blue Shield of MN
  • U of M Retiree Plan – U of M Plan 1
    • 651-662-5090 or 1-800-262-0819
  • Group Platinum Blue Plan C – U of M Plan 2
    • 1-888-870-6297
    • www.bluecrossmn.com

• Prescription Pharmacy for BCBS – Group MedicareBlue Rx
  • 1-877-838-3827
  • www.yourmedicaresolutions.com
Individual Medicare Supplements

For information, contact:

• Individual medical plan options

• State Department of Commerce Insurance
  • mn.gov/commerce/consumers/your-insurance/health-insurance

• For more information on the eight U of M supplemental plans go to:
  • humanresources.umn.edu/benefits/benefits-retirees
Other Coverage Option

- If you have a spouse working at the University:
  - May be added to their coverage as a dependent
  - When your spouse retires, you and your spouse will each have single retiree coverage
Other Coverage Information

Phased or Terminal Agreements (Entered into 12-1-2014 or later):

• If you are age 65 or older:
  • You must sign up for Medicare Part B effective the first day of the month following retirement and notify your clinic
  • Medicare is primary and your University supplemental coverage is secondary
Dental Plan Options
2017 Dental Plan Options

- Delta Dental PPO
- Delta Dental Premier
- University Choice
- UPlan HealthPartners Dental
- UPlan HealthPartners Dental Choice

(Same dental plans as active employees)
## 2017 Monthly Dental Premiums

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Retirees only; Spouse; Surviving Spouse only; or one Dependent Child only</th>
<th>Retiree &amp; Children; Spouse &amp; Children; Surviving Spouse &amp; Children; or two or more Dependent Children only</th>
<th>Retiree &amp; Spouse with or without Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO – TC and surrounding counties and Duluth</td>
<td>$36.49</td>
<td>$87.36</td>
<td>$101.34</td>
</tr>
<tr>
<td>Delta Dental Premier – Greater Minnesota</td>
<td>$44.72</td>
<td>$106.58</td>
<td>$124.17</td>
</tr>
<tr>
<td>University Choice</td>
<td>$51.50</td>
<td>$123.26</td>
<td>$143.37</td>
</tr>
<tr>
<td>Delta Dental Premier – TC and Duluth</td>
<td>$44.72</td>
<td>$106.60</td>
<td>$124.17</td>
</tr>
<tr>
<td>HealthPartners Dental</td>
<td>$40.50</td>
<td>$99.73</td>
<td>$112.58</td>
</tr>
<tr>
<td>HealthPartners Dental Choice</td>
<td>$44.07</td>
<td>$108.29</td>
<td>$122.24</td>
</tr>
</tbody>
</table>
Changing Medical or Dental Plan Options

• Special 60-day open enrollment prior to retirement
  • Plan to meet with a Benefits counselor
  • May only change plan options
    • If you have individual coverage, you may not add family coverage at this time
• Medical and dental enrollment occurs annually in November
• May change plan options mid-year if you are moving out of the plan’s service area
Life Insurance Continuation
Life Insurance Continuation

• Continue current group term life insurance for 18 months through COBRA
  • Policy 32615: Basic Life, Additional Life, Spouse, and Child Life
• At end of 18 months, coverage may be converted without evidence of good health, if application is made within 31 days, to:
  • An individual whole life policy, or
  • A term life portability policy
## 2017 Life Insurance Rates

<table>
<thead>
<tr>
<th>Age of Employee or Spouse</th>
<th>Monthly Rate Per $1,000 of Face Amount for Additional Employee &amp; Spouse Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 55-59</td>
<td>$0.252</td>
</tr>
<tr>
<td>Age 60-64</td>
<td>$0.404</td>
</tr>
<tr>
<td>Age 65-69</td>
<td>$0.645</td>
</tr>
<tr>
<td>Age 70-74</td>
<td>$1.034</td>
</tr>
<tr>
<td>Age 75-79</td>
<td>$1.658</td>
</tr>
<tr>
<td>Age 80-84</td>
<td>$2.679</td>
</tr>
<tr>
<td>Age 85+</td>
<td>$5.339</td>
</tr>
</tbody>
</table>

**Basic Life Rate:** $0.145 per month per $1,000 coverage

A non-refundable administrative fee of two percent is included in the rates.
Questions?

Contact an Employee Benefits counselor:

Phone: 4-UOHR (612-624-8647 or 800-756-2363) and select option 1

Email: benefits@umn.edu

humanresources.umn.edu/benefits
Thank you for attending!