



Office of Human Resources

UNIVERSITY OF MINNESOTA

Driven to Discover®

A photograph of an elderly couple smiling and holding a bouquet of yellow daisies. The man is on the left, wearing a light blue polo shirt and sunglasses on his head. The woman is on the right, wearing a light-colored hat, glasses, and a striped sweater with a floral pattern. They are standing outdoors in front of a building with a stone wall.

2022 Benefit Enrollment Guide for Retirees and Disabled Participants

Benefits effective January 1, 2022

2022 Retirees Benefits Annual Enrollment Guide

This guide contains the University enrollment materials and application for the benefits available to you as an eligible University retiree or participant on disability status. You have different medical plan options to choose from for 2022 depending on whether you are under age 65, age 65 or over, or a participant on disability status.

CERTIFICATE OF COVERAGE

If you are age 65 or over: Upon enrollment, a Certificate of Coverage will be mailed to your home by your medical plan along with more detailed information about your medical benefits.

If there are any differences between this guide and the Certificate of Coverage, the Certificate will govern.

SUMMARY OF BENEFITS

If you are under age 65: The Medical Summary of Benefits and Dental Summary of Benefits that describe your medical or dental coverage are available online at z.umn.edu/medicalbenefits and z.umn.edu/dentalbenefits. If you require a print copy, call Total Compensation at 612-624-8647 or 800-756-2363.

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

Employee Health and Benefits Fair

To ensure that you can get the benefits information you need from home, OHR has created the Virtual Benefits Fair. This online fair features vendor resources including videos, flyers and info sheets to download or print, and instructions for reaching out to plan representatives with questions or concerns.

Join the fair from November 1-30, 24/7 at z.umn.edu/VirtualBenefitsFair.

OHR Contact Center

Telephone: 612-624-8647 Toll Free: 1-800-756-2363 humanresources.umn.edu/benefits

Table of Contents

Employee Health & Benefits Fair.....	Inside Cover
Enrollment Guidelines & Instructions.....	Page 4
Basic Medicare Information.....	Page 5
Questions to Aid in Choosing a Medicare-Enrolled Medical Plan.....	Page 6
Medicare-Enrolled Health Plans.....	Page 7
Dental Plans.....	Page 18
Non-Medicare Eligible Health Plans.....	Page 21
Important Notice from UPlan Medical Program.....	Page 22
Application for Coverage.....	Page 25

Enrollment Guidelines & Instructions

You have 30 days after you retire to decide about continuing coverage. If you do not continue coverage, you and your dependents will not have an opportunity to re-enroll in the University's medical or dental plans in the future.

CHOOSE THE RIGHT PLAN FOR YOUR AGE GROUP

If you and your spouse are both under the age of 65, you must enroll in the same plan with Medica. If you and your spouse are over the age of 65, you must enroll with the same carrier, however one of you may enroll in Plan 1 and the other in Plan 2.

If you are in **different age groups**—one is under age 65 and one is age 65 or over—you must select plans appropriate for your age group. The under age 65 participant may continue to be enrolled in the active employee medical plan; the age 65 or over participant must select a Medicare Eligible Medical plan. In all cases, the retiree must continue coverage for the spouse to be eligible for a University retiree plan.

HOW TO ENROLL

If you do not want to make any changes to your benefits during Open Enrollment, you do not need to do anything at this time.

If you are already enrolled in retiree benefits and wish to make a change to your benefits, you must complete and return the Continuation of Coverage form at the back of this book. **The form must be received by Total Compensation no later than 4:30 p.m. on November 30, 2021.** In addition to the form, if you will be changing from one medical plan for Medicare enrollees to another, you must contact your current medical carrier to cancel coverage. Contact information for medical plan carriers can be found in the directory on page 7.

If this is your initial retirement from the University, we recommend returning Continuation of Coverage form to Total Compensation about two months prior to your retirement date, but we must receive it no later than 30 days after your last day of work. There are no additional forms needed to continue dental insurance or medical plans for non-Medicare participants.

If you are enrolling in a medical plan for Medicare enrollees, the retiree medical carrier will mail an enrollment kit to you, including an enrollment form required by Medicare. With BCBS, you will receive an additional enrollment form for the Group Medicare Blue Rx pharmacy plan. With Medica and HealthPartners, they will make three attempts to contact you via phone to enroll you and if that is unsuccessful, they will then mail the enrollment form. **This needs to be complete and returned to the carrier by December 31, 2021 to become effective January 1, 2022. For new retirees, it needs to be sent to the carrier by the last day of the month before your effective date.**

Supplemental plans cannot backdate coverage.

Once the carrier receives enrollment forms, you will receive a confirmation letter, ID card, and other member materials.

MEMBER ID CARDS

Generally, the plans send new member ID cards if you have made a plan change. Some of the carriers send new cards each year.

Basic Medicare Information

Who is generally eligible for Medicare?

- People over age 65.
- Disabled people or those with End Stage Renal Disease, no matter their age.

Does the University contribute towards the cost of Medicare?

- No.

What are the different parts of Medicare?

- A: Hospital coverage – covers hospitalization, skilled nursing facility, home health care, & hospice care. There is no monthly premium associated with this part as long as you or your spouse have paid into the Medicare tax for at least 10 years.
- B: Basic medical coverage – covers doctor visits, labs, x-rays, outpatient surgery, ambulance, medical supplies and equipment, etc. If you are receiving Social Security payments, they will withhold the Medicare Part B monthly premium from your monthly payments, and if you are not, they will bill you quarterly. Monthly premiums are based on your household income.
- D: Prescription drug coverage – covers prescription drugs and can also provide additional coverage through the Medicare Coverage Gap/Donut Hole. Part D coverage is included in all of our 65+ Plans.

When should I enroll in Medicare?

- If you are actively working and covered under your employer's group health plan, you may defer enrolling in Medicare until you stop working in your benefits-eligible position.
- If you retired prior to turning 65, you should enroll in Medicare so it is active as of the first of the month in which you will turn 65. Generally, you can apply about three months prior to your 65th birthday.

How much time should I allow to enroll in Medicare?

- It is recommended to enroll in Medicare within 2-3 months of your upcoming retirement date or the month in which you will turn 65.

If I'm enrolled in an HSA, can there be an impact on Medicare?

- In some circumstances, there can be tax consequences related to Medicare Part A coverage and HSA contributions. If you or your spouse are enrolled in an HSA and will have Medicare Part A coverage in the next few years, contact Medicare to understand how it impacts you.

For more information on Medicare:

- Visit: www.medicare.gov
- Call: 1-800-MEDICARE (1-800-633-4227)
- TTY users should call 1-877-486-2048

Questions to Aid in Choosing a Medicare-Enrolled Medical Plan

- What is the monthly premium? Compare rates on pages 8-9.
- Are my current healthcare providers covered under the plan?
 - Consider checking the provider finder on each plan's website.
 - Contact a plan using the information on page 7.
- If I am taking any medications, are they covered under the plan, and what is the out-of-pocket cost (copay or coinsurance)? See pages 14-15 to compare prescription drug coverage across plans.
- Am I planning on moving outside of the local service area (Minnesota, western Wisconsin, eastern Dakotas) for more than 6 consecutive months?
 - Contact the plan to understand any impact from moving outside the local service area permanently. Contact information is on page 7.
- What is the coverage for hearing aids? Compare costs on pages 12-13.
- Is there a deductible? Compare maximums on pages 16-17.
- Is there coverage if I travel internationally? Compare coverage on pages 16-17.
- Is my health club covered under the plan? Check Wellness Benefits on pages 14-15 and use the contact information on page 7 for more information.
- What if one of these plans is not right for me?
 - If you would like more information about what plans are offered in the marketplace, Senior LinkAge Line is a non-profit dedicated to serving Minnesota Seniors and they are able to assist in your search.
 - » Call Senior LinkAge Line: 800-333-2433
 - » Visit Senior LinkAge Line online: www.seniorlinkageline.com

Medicare-Enrolled Health Plans Directory

Blue Cross Blue Shield of Minnesota

U of M Retiree Plan

U of M Plan 1

Toll Free: 1-800-262-0819

TTY: Call the National Relay Center at 711 and ask for 1-888-878-0137

Group Medicare Supplement Plan with High Deductible Coverage with Group MedicareBlue Rx

U of M Plan 2

Toll Free: 1-800-531-6686 for Current Members

1-888-870-6297 for Prospective Members

TTY: Call the National Relay Center at 711 and ask for 1-888-878-0137

www.bluecrossmn.com/umnretirees

Prescription Drug Coverage for U of M Plan 1 and Plan 2

Group MedicareBlue Rx

Telephone: 1-877-838-3827 TTY: 711

www.yourmedicareolutions.com

HealthPartners Journey and HealthPartners Retiree National Choice

U of M Plans 1 & 2

Telephone: 952-883-7428 Toll Free: 1-866-993-7428

TTY: Call the National Relay Center at 711 and ask for 1-866-993-7428

www.healthpartners.com/uofm

Medica Group Plan

U of M Plans 1 & 2

Telephone: 1-855-844-6395 Toll Free: 1-855-844-6395

TTY: Call the National Relay Center at 711 and ask for 1-855-844-6395

www.medica.com/universityofminnesota

UCare Medicare Group

U of M Plans 1 & 2

Telephone: 612-676-6900 Toll Free: 1-877-598-6574

TTY: 612-676-6810 TTY: 1-800-688-2534

Groupsales@ucare.org

Medicare-Enrolled Health Plans

	Blue Cross Blue Shield of Minnesota U of M Plan 1	Blue Cross Blue Shield of Minnesota U of M Plan 2	HealthPartners Journey & Retiree National Choice U of M Plan 1	HealthPartners Journey & Retiree National Choice U of M Plan 2
Premium per month per person	\$393.10	Pre MACRA* \$171.00 Post MACRA* \$153.50	\$296.80	\$167.50
Type of Policy	Coordinates with Medicare and includes Medicare Prescription Drug Plan	Medicare Supplement Plan with Medicare Prescription Drug Plan	<ul style="list-style-type: none"> • Journey: Medicare Advantage Plan • RNC: Coordinates with Medicare and includes Medicare Prescription Drug Plan Type of Policy is determined by county of residence	
How Plan Works with Medicare and Medicare Assignment	U of M Retiree Plan pays after applying U of M Retiree Plan inpatient deductible and coinsurance. You pay Medicare Part B annual deductibles.	Medicare pays first. You pay Part A and B deductibles and/or coinsurance until you meet your deductible of \$2,370 (2021); then plan pays 100%. Deductible may change in 2022*	<ul style="list-style-type: none"> • Journey: HealthPartners administers benefits and claims payment for all plan covered medical services and Part D. • RNC: For medical services, HealthPartners coordinates with Medicare. For Part D drug coverage, HealthPartners administers benefits and claims payment. 	
Network Providers (Medicare Assignment)	You are encouraged to use BCBS network providers, but you do not assign your Medicare benefits to Blue Cross. You are allowed to use your Medicare benefits outside of the BCBS network.	You can use any Medicare-contracted provider nationwide.	You can see any provider that accepts Medicare and your insurance.	
Outpatient Hospital				
Outpatient Surgery	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	100%	100% after \$75 copay
Lab/X-Ray, CT scan, MRI, other outpatient diagnostic tests	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)		Lab services at 100% and all other services at \$15	Lab services at 100% and all other services at \$30 copay
Emergency Services	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)		100% after \$50 copay	100% after \$100 copay
Ambulance			100%	80%

*MACRA: If enrolled in Medicare Part A prior to 1/1/2020, Plan pays 100% of annual Medicare Part B deductible; Medicare eligible 1/1/2020 or after Retiree pays 100% of annual Part B deductible (2021: \$203). This impacts Blue Cross Blue Shield Plan 2.

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Medica U of M Plan 2	UCare U of M Plan 1	UCare U of M Plan 2
Premium per month per person	\$349.00	\$189.00	\$315.00	\$167.00
Type of Policy	Medicare Cost Plan with Medicare Prescription Drug Coverage or Medicare Advantage PPO plan with Medicare Prescription Drug Coverage		Medicare Advantage Plan including Prescription Drug Coverage	
How Plan Works with Medicare and Medicare Assignment	<p>Cost: Medicare pays primary for Part A inpatient hospital, skilled nursing facility, and home health care expenses. Medica pays Medicare Part B provider expenses.</p> <p>Medicare Advantage: Medica pays primary for Part A hospitalization and Part B provider expenses.</p>		<p>UCare administers benefits and claims payment of Medicare Parts A and B, as well as additional benefits included in plan, such as Prescription Drug coverage (Part D) and preventive care. Bills for health care services are sent directly to UCare by providers (not to Medicare) and are processed in UCare Claims department.</p>	
Network Providers (Medicare Assignment)	<p>Cost Plan: You are encouraged to use Medica network providers, but you do not assign your Medicare benefits to Medica. You are allowed to use your Medicare benefits outside of the Medica network.</p> <p>Medicare Advantage Plan: You can see any provider that accepts Medicare and your insurance.</p>		<p>Travel anywhere within the U.S. and pay only your in-network copay on routine care, including clinic and specialist visits, physical therapy and counseling services.</p> <p>You may see any provider that accepts Medicare. UCare will also cover 80% of many other services throughout the U.S.</p>	
Outpatient Hospital				
Outpatient Surgery	100% after \$50 copay	100% after \$100 copay	100%	100% after \$100 copay
Lab/X-Ray, CT scan, MRI, other outpatient diagnostic tests	Lab Services 100% All other services \$20 copay	Lab Services 100% All other services \$30 copay	Primary or Specialty office - 100% OP Hospital / Surg. Ctr. \$25 copay	Primary or Specialty office 100% OP Hospital / Surg. Ctr. \$25 copay
Emergency Services	100% after \$50 copay	100% after \$75 copay	100% after \$50 copay	100% after \$75 copay
Ambulance	100% after \$50 copay	100% after \$65 copay	100%	100% after \$100 copay

Medicare-Enrolled Health Plans

	Blue Cross Blue Shield of Minnesota U of M Plan 1	Blue Cross Blue Shield of Minnesota U of M Plan 2	HealthPartners U of M Plan 1	HealthPartners U of M Plan 2
Urgent Care Visit	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	100% after \$15 copay	100% after \$30 copay
Inpatient				
Hospital	Plan pays 80% of first \$3,000 of total allowed amount following \$200 annual inpatient deductible; then 100% through end of calendar year. Out-of-pocket expense limited to \$800 per year including \$200 deductible	100% after deductible is satisfied. No limit on number of days covered by plan	100%	100% after \$200 copay per visit
Skilled Nursing	Plan pays 80% of first \$3,000 of total allowed amount following \$200 annual inpatient deductible; then 100% through end of calendar year. Out-of-pocket expense limited to \$800 per year including \$200 deductible. No 3-day hospital stay requirement	100% after 3-day hospitalization for up to 100 days per benefit period after deductible is satisfied	<ul style="list-style-type: none"> • 100% for up to 100 days per benefit period. • RNC: 3-day hospital stay required. 	
Mental Health	Plan pays 80% of first \$3,000 of total allowed amount following \$200 annual inpatient deductible; then 100% through end of calendar year. Out-of-pocket expense limited to \$800 per year including \$200 deductible	100% after deductible is satisfied up to 190 days of inpatient psychiatric hospital care in a lifetime. This limitation does not apply to inpatient psychiatric services furnished in a general hospital	100%	100% after \$200 copay per visit
Chemical Dependency		100% after deductible is satisfied		
Outpatient Medical				
Preventive	100%	100% for Medicare covered preventive services only	100%	100%
Physician Office Visit	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	100% after \$15 copay	100% after: Primary Care \$20 copay/ Specialist \$30 copay

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Medica U of M Plan 2	UCare U of M Plan 1	UCare U of M Plan 2
Urgent Care Visit	100% after \$20 copay	100% after \$30 copay	100% after \$20 copay	100% after \$35 copay
Inpatient				
Hospital	100% after \$100 copay	100% after \$200 copay	100%	100% after \$200 copay
Skilled Nursing	100% coverage after 3-day hospitalization for up to 20 days. Days 21-100 \$100 copay per day.	100% coverage after 3-day hospitalization for up to 20 days. Days 21-100 \$150 copay per day.	100% coverage for up to 100 days per benefit period; no 3-day hospital stay requirement	
Mental Health	100% after \$100 copay	100% after \$200 copay	100%	100% after \$200 copay
Chemical Dependency				
Outpatient Medical				
Preventive	100%	100%	100%	100%
Physician Office Visit	Primary Care 100% coverage / Specialist 100% after \$20 copay	Primary Care 100% / Specialist 100% after \$30 copay	Primary Care 100% coverage/ Specialist 100% after \$15 copay	Primary Care 100% coverage/ Specialist 100% after \$30 copay

Medicare-Enrolled Health Plans

	Blue Cross Blue Shield of Minnesota U of M Plan 1	Blue Cross Blue Shield of Minnesota U of M Plan 2	HealthPartners U of M Plan 1	HealthPartners U of M Plan 2
Medications Delivered in Physician Office Setting and Paid under Medicare Part B	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	80%	80%
Routine Eye and Hearing Exams	100%	No coverage	100%	100%
Outpatient Mental Health	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	100% after \$15 individual/ \$7.50 group	100% after \$20 individual/ \$10 group
Outpatient Chemical Dependency			100% after \$15 copay	100% after \$20 copay
Chiropractic Care			100%	100% after \$30 copay
Podiatry			100% after \$15 copay	
Physical and Occupational Therapy				
Speech and Language Therapy				
Home Health Care			100%	100%
Medical Equipment				
DME Prosthetics	100% after Medicare Part B annual deductible \$203 for 2021 (subject to change for 2022)	100% after deductible is satisfied	90%	80%
Hearing Aids	80% for hearing aids every 3 years	No coverage. Discounts available.	<ul style="list-style-type: none"> • Coverage for up to two TruHearing-branded aids per year. • \$199/\$499 copayment for Advanced or Premium Aids 	<ul style="list-style-type: none"> • Coverage for up to two TruHearing-branded aids per year. • \$699/\$999 copayment for Advanced or Premium Aids

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Medica U of M Plan 2	UCare U of M Plan 1	UCare U of M Plan 2
Medications Delivered in Physician Office Setting and Paid under Medicare Part B	80% coverage	80% coverage	80% coverage	80% coverage
Routine Eye and Hearing Exams	100%	100%	100%	100%
Outpatient Mental Health	100% after \$20 copay	100% after \$30 copay	100% after \$15 copay	100% after \$30 copay
Outpatient Chemical Dependency				
Chiropractic Care	100% after \$15 copay	100% after \$20 copay	100%	100%
Podiatry	100% after \$20 copay	100% after \$30 copay	100% after \$15 copay	100% after \$30 copay
Physical and Occupational Therapy				
Speech and Language Therapy				
Home Health Care	100%	100%	100%	100%
Medical Equipment				
DME Prosthetics	90% coverage	80% coverage	80% DME/ 100% Prosthetics	80% DME/ 100% Prosthetics
Hearing Aids	\$500 allowance per year	No coverage	<ul style="list-style-type: none"> • Coverage for up to two TruHearing branded aids per year • \$499/\$799 copay for Advanced or Premium Aids 	<ul style="list-style-type: none"> • Coverage for up to two TruHearing branded aids per year • \$599/\$899 copay for Advanced or Premium Aids

Medicare-Enrolled Health Plans

	Blue Cross Blue Shield of Minnesota U of M Plan 1	Blue Cross Blue Shield of Minnesota U of M Plan 2	HealthPartners U of M Plan 1	HealthPartners U of M Plan 2
Prescription Drugs				
Generic Drugs – Retail	\$10 copay	Preferred Generic - \$5 copay Generic - \$10 copay	\$10 copay	Preferred Generic - \$10 copay Non-preferred Generic - \$20 copay
Formulary Brand Drugs – Retail	\$30 copay	80% coverage	\$30 copay	\$35 copay
Non-preferred Formulary Brand – Retail	\$50 copay	55% coverage	\$30 copay	\$70 copay
Specialty Drugs	\$50 copay	67% coverage	\$50 copay	75% coverage
Supplemental Drugs	75% coverage	No coverage	Covered at generic and brand copays shown above	Covered at generic and brand copays shown above
Mail Order	3-month supply for 2 copays through mail order or if using Preferred Extended Network (PXT) within Group Medicare-Blue Rx pharmacy network	3-month supply for 2 copays or coinsurance through mail order or if using Preferred Extended Network (PXT) within Group MedicareBlue Rx pharmacy network	3-month supply for 2 copays	3-month supply for 2 copays
Benefits in the Medicare Coverage Gap (Between \$4,430 total prescription costs and \$7,050 total out-of-pocket expenses)	100% coverage after: \$10 generic copay \$30 preferred brand copay \$50 non-preferred brand copay \$50 specialty copay	100% coverage after \$5 copay for preferred generic drugs and \$10 copay for generic. Participants will pay no more than 25% of the plan's cost for all other generic and brand drugs, on non-preferred drugs and specialty drugs.	100% coverage after: • \$10 generic copay • \$30 brand copay • \$50 specialty copay	100% coverage after: • \$10 preferred generic copay • \$20 non-preferred generic copay • 75% coverage for brand or specialty
Catastrophic Level (after \$7,050 in total out-of-pocket expenses)	Member cost will be the greater of 5% coinsurance of the total cost, or \$3.95 copay for generic drugs (including brand drugs treated as a generic) and \$9.85 copay for all other drugs.		The above copays or 5% (whichever is less)	Preferred and non-preferred generics: The above copays or 5% (whichever is less) All other generic drugs: \$3.95 or 5% (whichever is greater) Brand drugs: \$9.85 or 5% (whichever is greater)
Wellness Benefits				
Fitness Club Membership	Silver Sneakers Fitness Program		Silver Sneakers Fitness Program	
Nurseline	24-hour Nurse Line	24-hour Nurse Line	Free access to registered nurses 24/7 through the CareLine SM nurse line	
Dental	N/A	N/A	N/A	
Vision			Up to 35% discount off eyewear	
Other Wellness Benefits	<ul style="list-style-type: none"> • Stop Smoking support • Wellness Discount Marketplace: blue365deals.com/bcbmsn 		<ul style="list-style-type: none"> • Free, unlimited number of virtuwell visits where available. • Healthy discounts on hearing aids, eating services, delivery services, fitness equipment and much more 	

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Medica U of M Plan 2	UCare U of M Plan 1	UCare U of M Plan 2
Prescription Drugs				
Generic Drugs – Retail	Preferred Generic - \$5/10 Copay Non-Preferred Generic - \$25/30 Copay	Preferred Generic - \$5/10 Copay Non-Preferred Generic - \$15/20 Copay	\$10 copay	\$10 copay
Formulary Brand Drugs – Retail	\$25/30 copay	\$25/30 copay	\$30 copay	\$30 copay
Non-preferred Formulary – Retail	\$55/60 copay	\$65/70 copay	\$50 copay	\$60 copay
Specialty Drugs	\$100/\$110 copay	72% coverage	\$50 copay	75% coverage
Supplemental Drugs	Not covered	Not covered	Covered at generic and brand copays shown above	Not covered
Mail Order	90-day supply for 2 copays on tier 1-4 medications	90-day supply for 2 copays on tier 1-4 medications	90-day supply for 2 copays through mail order or Preferred Pharmacy network (retail)	
Benefits in the Medicare Coverage Gap (Between \$4,430 total prescription costs and \$7,050 total out-of-pocket expenses)	100% coverage after \$5/10 or \$25/30 generic or brand copay, \$55/60 non preferred formulary and \$100/110 specialty	100% coverage after \$5/10 or \$15/20 copay for generic medications. 75% coverage for brand name medications. 50% reimbursement from brand drug manufacturer at pharmacy counts toward the \$7,050 OOP expenses.	100% coverage after \$10 generic copay, \$30 preferred brand copay, \$50 non-preferred drug or specialty drug copay (counts toward the OOP max.)	100% coverage after \$10 generic copay. 75% coverage for brand and specialty drugs.
Catastrophic Level (after \$7,050 in total out-of-pocket expenses)		Member cost will be the greater of 5% of drug cost or \$3.95 copay for generic drugs and \$9.85 copay for brand/formulary drugs	100% coverage after \$10 generic copay, \$30 preferred brand copay, \$50 non-preferred drug or specialty drug copay	Member cost will be the greater of 5% of drug cost or \$3.95 copay for generic drugs and \$9.85 copay for brand/formulary drugs
Wellness Benefits				
Fitness Club Membership	One Pass Fitness Program		One Pass Fitness Program - over 20,000 clubs nationwide UCare Health Club Savings Program - \$30 per month	
Nurseline	Personal Health Advocate can help navigate the healthcare system as well as provide access to registered nurses for guidance and support 24 hours a day/7 days a week		Health Connections — 24-Hour Nurse Line Community Education Class reimbursement — three classes per year, My Health Decisions Online Tool	
Dental	\$500 dental reimbursement allowance		N/A	
Vision	N/A		\$150 Annual Eyewear allowance	
Other Wellness Benefits	<ul style="list-style-type: none"> • Hearing Aid Discount program • A survey for senior members that is reviewed by nurses in Medica's Care Management area to assess additional needs • Medication Therapy Management (MTM) program provides information and resources to improve medication use and patient care 		<ul style="list-style-type: none"> • \$50 every six months for over-the-counter items • Quit Smoking, plus Disease and • Case Management Programs • Falls Prevention Program • Mammogram Incentive Programs 	

Medicare-Enrolled Health Plans

	Blue Cross Blue Shield of Minnesota U of M Plan 1	Blue Cross Blue Shield of Minnesota U of M Plan 2	HealthPartners U of M Plan 1	HealthPartners U of M Plan 2
Travel and Out-of-Area Benefits				
Domestic Travel benefits	No limitations	No limitations	<ul style="list-style-type: none"> • Broad-based travel benefits available for up to 9 consecutive months. • Assist America support available if more than 100 miles from home. See below for description of services. 	
International Travel benefits	80% coverage	Emergency care covered at 80%	<ul style="list-style-type: none"> • Emergency and urgently needed care are covered worldwide at 80%. • Assist America: 24/7 nationwide and worldwide support to talk to experienced clinicians who can help determine your need for medical care, or coordinate post-stabilization transportation to the nearest facility or your home for traveling members more than 100 miles away from their residence. 	
Option to live outside of service area	Yes	Yes	Yes	Yes
Maximums				
Annual Out-of-Pocket	\$1,003 that includes \$800 plus \$203 (for 2021) Part B deductible (Pharmacy copays do not apply). Part B deductible subject to change in 2022.	This is a high-deductible plan. You must first pay for Medicare-covered costs up to your plan deductible \$2,370 (subject to change in 2022) before the plan begins to pay 100% for approved services and supplies.	\$3,000 (Pharmacy copays do not apply)	\$3,000 (Pharmacy copays do not apply)
Lifetime	Unlimited	Unlimited	Unlimited	Unlimited

Medicare-Enrolled Health Plans

	Medica U of M Plan 1	Medica U of M Plan 2	UCare U of M Plan 1	UCare U of M Plan 2
Travel and Out-of-Area Benefits				
Domestic Travel benefits	You can see any provider that accepts Medicare and your insurance while out of the Medica service area.		<ul style="list-style-type: none"> • Members can be gone up to six consecutive months—no need to call UCare • Emergency benefits apply • Out of network Office visits will be covered with in network copays • Must see provider that accepts Medicare • 80% for non-emergency services—limited to \$100,000 per year 	
International Travel benefits	Coverage for emergencies only		Coverage for emergencies only	
Option to live outside of service area	Yes	Yes	No	No
Maximums				
Annual Out-of-Pocket	\$2,000 on Medical (pharmacy copays do not apply)	\$3,250 on Medical (pharmacy copays do not apply)	\$2,800 Medical Out-of-Pocket Maximum (pharmacy copays do not apply)	\$3,000 Medical Out-of-Pocket Maximum (pharmacy copays do not apply)
Lifetime	Unlimited	Unlimited	Unlimited	Unlimited

Dental Plan

2022 Monthly Rates – Retirees of All Ages/Participants on Disability Status

You pay the total cost.

**Retiree or Disability Status only; Spouse under age 65 only; Surviving Spouse only;
or One Dependent Child only**

Plan	Monthly Cost
Delta Dental PPO	\$37.61
Delta Dental Premier	\$46.11

**Retiree or Disability Status and Children; Spouse under age 65 and Children; Surviving Spouse
and Children; or Two or more Dependent Children only**

Plan	Monthly Cost
Delta Dental PPO	\$90.03
Delta Dental Premier	\$109.89

Retiree or Disability Status and Spouse with or without Children

Plan	Monthly Cost
Delta Dental PPO	\$104.43
Delta Dental Premier	\$128.07

Dental Plan Options

Retirees of all Ages/Participants on Disability Status

YOUR DENTAL COVERAGE

Dental plan options for retirees of all ages and participants on disability status are the same options that are available to active employees. As you consider your options, you may want to check which of the Delta Dental plans your dentist participates in and enroll accordingly.

Your selection can be based on where you live or work. You pay the full cost of the coverage you select. Statements will be mailed to you directly from Delta Dental.

There are two dental plan options:

Delta Dental PPO is a narrow network plan and does not offer out-of-network coverage except for emergency situations. There are nearly 1,900 dentists in the local service area and 113,500 dentists in the United States, covered under this plan. This plan does not cover composite fillings in the back of the mouth.

Delta Dental Premier has a larger network with more than 2,900 dentists in the local service area and over 155,500 dentists across the country. This plan offers out-of-network benefits; however, it is important to understand that the coverage is based on Delta Dental's Allowed Amount, which may be less than your out-of-network dentist bills. The Delta Dental Premier plan covers composite fillings anywhere in your mouth.

OUT-OF-NETWORK PROVIDERS (Delta Dental Premier Only): Reimbursement is based off 50% of the Allowed Amount.

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

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

For more information on Delta Dental PPO and Delta Dental Premier, and to find a dentist:

Customer Service: 651-406-5916 **Toll Free:** 1-800-553-9536 **TTY:** 711

www.deltadentalmn.org/uofm

Dental Plan Comparison

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

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

Diagnostic and Preventive Care

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

Basic Restorative Care

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

Major Restorative Care

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

Orthodontics Coverage

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

Emergency Services including diagnostic and palliative procedures for:

- A dental emergency which involves acute pain; and
- A dental condition which requires immediate treatment.

Allowed Amount

A set amount the Plan agrees to pay for a service or product when provided by a participating in-network provider. If you go to an out-of-network provider, the allowed amount is established according to the Usual & Customary Charge. When the charges of an out-of-network provider are higher than the allowed amount, the member is generally responsible for the difference.

Non-Medicare-Enrolled Health Plans

Plans available are same as active employee plans. See z.umn.edu/medicalplans for plan details. Statements will be mailed to you directly from your medical plan administrator.

WELLBEING PROGRAM

Employees and/or spouses who are under age 65 and covered by the Non-Medicare-Enrolled medical plan may participate in the Wellbeing Program to earn the lower Wellbeing Rate shown in the table below. Those who do not participate or do not earn the required points will pay the Standard Rate.

Visit z.umn.edu/ohrwellbeing to learn more, and begin participating.

2022 Monthly Rates

Retiree or Disability Status only; Spouse under age 65 only; Surviving Spouse only; or One Dependent Child only

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$761.45	\$803.12
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$720.00	\$761.67
Medica Choice National	\$945.03	\$986.70
Medica HSA	\$685.41	\$727.08

Retiree or Disability Status and Children; Spouse under age 65 and Children; Surviving Spouse and Children; or Two or more Dependent Children only

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$1,349.85	\$1,391.52
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$1,275.19	\$1,316.86
Medica Choice National	\$1,666.44	\$1,708.11
Medica HSA	\$1,201.69	\$1,243.36

Retiree or Disability Status and Spouse with or without Children

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$2,020.06	\$2,082.56
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$1,912.40	\$1,974.90
Medica Choice National	\$2,494.99	\$2,557.49
Medica HSA	\$1,858.46	\$1,920.96

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 will 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 are including this information in our Guide for UPlan Benefits Enrollment because we do not 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: October 2021

Sender: University of Minnesota
Office of Human Resources
Total Compensation

Contact: Total Compensation

Address: 319 15th Avenue SE,
Minneapolis, MN 55455-0103

Phone: 612-624-8647 or
1-800-756-2363

Important Notice from the UPlan Medical Program

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

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

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

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

For more information about this notice or your current prescription drug coverage

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least one percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period to join a Medicare drug plan.

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

Call the University of Minnesota Total Compensation 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).

Request for Continuation of Coverage

Applicant Information (please print)

Last Name First Name MI Employee ID Date of Birth (MM/DD/YY)

Current Home Address City State Zip Code Phone Number

Name of Spouse (Last, First, MI) Date of Birth (MM/DD/YY)

Reason for Electing Coverage Date of event: _____ Last Day of Work: _____

Retirement Turning Age 65 End of Agreement (Phased/Severance/RIO) Disability Open Enrollment

Continuation of Medical Coverage

*Check the boxes below for coverage you would like to continue through the University.

Non-Medicare-Enrolled Plans Retiree under 65/Disabled Participant Spouse under 65 Dependents

Medica Elect/Essential (Twin Cities and Duluth Only)

ACO-Ridgeview Community Network (Twin Cities Only)

Primary clinic code is required: _____

Medica Choice Regional (Greater Minnesota Only)

Medica Choice National

ACO-Altru & You (Crookston Only)

Medica HSA

ACO-Essentia Choice Care (Duluth and Northern Minnesota Only)

ACO-VantagePlus with Medica (Twin Cities Only)

ACO-Medica CompleteHealth-Mayo (Rochester Only)

ACO-Park Nicollet First (Twin Cities Only)

Note: You must live in the area served by the ACO you choose

Medicare-Enrolled Plans

Retiree/Disabled Participant

on Medicare

Spouse on Medicare

BCBS – Plan 1

BCBS – Plan 2

HealthPartners – Plan 1

HealthPartners – Plan 2

Medica – Plan 1

Medica – Plan 2

UCare – Plan 1

UCare – Plan 2

Continuation of Dental Coverage

I wish to continue my current group dental coverage

Retiree Only

Retiree and Children

I wish to change my dental plan to: Delta Dental PPO Delta Dental Premier

Retiree and Spouse with or without Children

Enrollees for Medical & Dental Plans

Medical	Dental	Enrollees for Medical & Dental Plans		
		Name (Last, First, MI)	Date of Birth	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>	Self		
<input type="checkbox"/>	<input type="checkbox"/>	Spouse		
<input type="checkbox"/>	<input type="checkbox"/>	Dependent		



Continuation of Group Life Insurance (Up to 18 months – Applies only for newly retired employees)

<input type="checkbox"/> Basic Employee Life	<input type="checkbox"/> Spouse Life
<input type="checkbox"/> Additional Employee Life	<input type="checkbox"/> Child Life

Continuation of Health Care Flexible Spending Account (Applies only for newly retired employees)

I wish to continue my current Health Care Flexible Spending Account on an after-tax basis for the remainder of the calendar year.

Billing

You will be billed directly by the plans for medical and dental coverage and by the COBRA Administrator for life insurance and the Health Care Flexible Spending Account.

Information and Privacy – There are laws to protect your rights

Several state and federal laws aid in protecting your rights to privacy and make it easier for you to review information in your insurance file. Under one of these laws – the Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43) – you have the right to know the following.

A. Why the Information is needed

The Information we request about you, your employment, and family members is needed for one or more of the following reasons:

- To determine whether you are eligible for University of Minnesota UPlan Health Program coverage
- To establish the amount of insurance coverage for which you are eligible
- To determine the amount of deductions from your paycheck to pay your rate contributions

B. Supplying Information – Your Rights

- **Minnesota Statute 13.04.** You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your application for coverage under the group plan.
- **Federal Privacy Act of 1974; Public Law 93-579.** Disclosure of your Social Security number is voluntary. The information is

requested to identify your records in the Total Compensation system and the records of the Plan Administrators. While you are not legally required to furnish this information, processing of your application for group benefits will be delayed without it.

C. Who Uses the Information and How It Is Used

The information we collect will be used by University employees operating the group benefits program, the payroll system, federal and state tax authorities, and shared with the Plan Administrators involved in your benefits coverage. Depending on the coverage you request (and are eligible for), the information may be used to:

- Provide enrollment and/or change information to your Plan Administrators so they can provide benefits and pay claims
- Conduct quality improvement initiatives
- Prepare statistical reports and evaluate studies

When you are no longer an active participant in the group benefits program, your file is kept until state retention requirements are met.

D. What information You Can Access

You may request in writing to be shown information about yourself that is maintained by our department. There may be a charge if physical copies are needed.

Authorization (Please read before signing)

I am applying for a change in coverage in the University of Minnesota UPlan, subject to approval of my eligibility. I understand that coverage is continued at my expense. I verify that any dependents listed are eligible. I authorize the University to disclose the above information to the plan administrator(s) that I elected for use in processing my application. I further understand that failure to notify Total Compensation on a timely basis of loss of eligibility for any of my dependents or providing false information on this form may result in disciplinary action up to and including termination of benefits. I agree that, if either event occurs, the University may recover damages for losses and reasonable attorney's fees incurred to recover such damages. If I have enrolled in the ACO Plan, I acknowledge that Medica and the ACO network I have elected will share health record information to help coordinate care for my family and me. This authorization is valid until revoked by operation of law.

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

To Cancel Benefits

To cancel benefits at anytime, send a written notification to Total Compensation and the insurance vendor. Please include the name(s) of individual(s) wanting to cancel coverage, Social Security Number/Employee ID, the benefit(s) to be terminated, and the date coverage should end.

If you have questions, call the OHR Contact Center at 612-624-8647 or 1-800-756-2363 Option 1 for Benefits, or by email at benefits@umn.edu.

Please make a copy of this form for your records and return the original by mail or fax.

Campus Mail:
Total Compensation
100 DonhoweB
Del Code 3122A

U.S. Mail:
Total Compensation
100 Donhowe Bldg.
319 15th Avenue SE
Minneapolis, MN 55455-0103

Fax: 612-626-0808
Phone: 612-624-8647
Email: benefits@umn.edu

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

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

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

For questions about the UPlan, call the OHR Contact Center: 612-624-8647 or toll free 1-800-756-2363.

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Office of Human Resources

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