



Office of Human Resources

UNIVERSITY OF MINNESOTA

Driven to Discover®

A man with dark hair, a beard, and glasses is shown in profile, wearing a dark blue polo shirt and a black headset. He is holding the microphone of the headset with both hands and appears to be in a conversation. The background is a blurred office environment with wooden paneling and a white chair.

NEW EMPLOYEES GUIDE FOR UPLAN BENEFITS ENROLLMENT

Enroll in UPlan Benefits for 2021

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New Employee Benefits Enrollment

ARE YOU ELIGIBLE FOR UPLAN BENEFITS?

You qualify for benefits provided by the University of Minnesota because you are either a new employee or in a newly benefits-eligible position.

You are eligible for UPlan benefits if:

- You are a new hire, or
- Your appointment increased to 50-74% time, or
- Your appointment increased to 75-100% time

AND all of the following apply to your appointment:

1. You are appointed to an eligible job classification,
2. Your appointment is 50% time or greater, and
3. Your appointment will last for three months or longer.

YOUR OPTIONS AS A NEW EMPLOYEE

Your benefit options are:

- Medical coverage
- Dental coverage
- Basic life insurance
- Additional life insurance, including Additional Employee Life, Spouse Life, and Child Life
- Voluntary Short-term disability coverage without evidence of insurability
- Voluntary Long-term disability coverage if you are a Civil Service or Labor Represented employee
- Health care and dependent care Flexible Spending Accounts

If you have an appointment that is 75% time or greater, the University pays toward the cost of your medical, dental, and basic life insurance coverage. You also pay the full cost of any optional life insurance and disability coverage you select. If your appointment is 50% to 74% time, you will pay the full cost of all the benefits in which you enroll.

If you decide to change to a different medical or dental plan within this 30-day period, the new plan will be retroactive to your initial date of active coverage.

FOLLOW THE STEPS IN MYU TO ENROLL

www.myu.umn.edu

1. Log in to MyU with your Internet ID and password. Have your Duo device ready.
2. Select “My Benefits” from the choices on the left side of the screen.
3. Select “Benefits Enrollment.”
4. Select the open benefit event.
5. Review your benefit options.
6. Follow the directions to make your new selections and add each of your dependents to each specific benefit (e.g., medical or dental) that you want them to have.
7. Be sure to click “Submit” on the “Submit Benefits Choices” page to complete your enrollment.
8. If you are not ready to submit your enrollment, save your selections. You must come back before your 30-day deadline to complete your enrollment and click “Submit” on the “Submit Benefits Choices” page.

You need to select your coverage within the first 30 days of your employment or newly benefits-eligible position.

New Employee Benefits Checklist

Enroll in your employee benefits on MyU within the first 30 days of your employment. This sign-up includes medical and dental benefits, as well as voluntary coverage for disability insurance and additional life insurance. Use this guide and z.umn.edu/benefits to compare your benefit options.

» Things to have ready when you enroll, if applicable:

- Do you have your dependents' dates of birth and Social Security Numbers?
- Do you know your maximum short- and long-term disability amount?
- Do you know your maximum optional life and spouse life insurance amounts?
- If you're enrolling in Medica Elect & Essential, have you decided on your Primary Care Clinic? Find Primary Care Clinic code options at z.umn.edu/medicalbenefits.

Go to MyU, click on My Info, and check that your home address and other contact information are correct. This will help insurance cards and other important information get to your correct address.

Consider a Flexible Spending Account (FSA) if you would like to save pre-tax dollars for child care, medical, or dental expenses. If you enrolled in a Flexible Spending Account, go to z.umn.edu/flexspending and learn how to access your FSA account and submit claims online.

Understand how to access the tools and resources to use your benefits:

- » Check the biweekly costs on the benefits website to understand your paycheck deductions.
- » Check that your preferred care providers are included in the medical and dental plans in which you're enrolling.
- » Understand the significant cost impact to you for going out-of-network in your medical and dental plans.
- » Determine your life insurance and retirement plan beneficiary information.
- » Understand your access to the Employee Assistance Program by Sand Creek and Financial Counseling by LSS.

Submit your dependent documentation. Learn more on page 7 of this guide.

Enroll in any optional retirement plan for which you are eligible and would like to participate.

Review the University of Minnesota Wellbeing Program and understand how to participate.

Understand the next opportunity to enroll in benefits is during Open Enrollment for the next calendar year, unless you experience a qualifying life event known as a Family Status Change, such as marriage or the birth or adoption of a child. Learn more on page 6 of this guide.

New Employee Benefits Enrollment

CONTACT CLAIMS ADMINISTRATORS

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

Medica: www.medica.com/uofm

952-992-1814 or 1-877-252-5558

TTY: 711

Delta Dental: www.deltadentalmn.org/uofm

651-406-5916 or 1-800-553-9536

TTY: 711

Prime Therapeutics: www.myprime.com

1-800-727-6181

FOR MORE INFORMATION

Contact Total Compensation if you have benefits questions:

- Call 4-UOHR (612-624-8647 or 1-800-756-2363). Regular office hours are from 8 a.m. to 4:30 p.m., Monday through Friday
- Email: benefits@umn.edu
- Website: humanresources.umn.edu/benefits

Waiting period medical coverage

You have the option to buy medical coverage for the waiting period from your first day of employment until your active coverage begins. You may enroll in a medical plan, other than Medica HSA, within 30 days of your first day of employment and pay the full cost of the coverage for the full waiting period.

When you enroll online for your active coverage, you may elect a different plan and coverage level. Please contact the OHR Contact Center to request an enrollment form and the rate for waiting period medical coverage.

Waive benefits or do not enroll

You can elect to waive coverage and not have benefits.

Your next opportunity to elect medical or dental coverage for yourself and your dependents will be the annual Open Enrollment in November or if you have a qualified family status change during the year.

Your benefits and payroll taxes

The rates you pay for your medical and dental coverage are deducted from your salary before federal, state, and Social Security taxes are withheld. As a result, your taxable salary is reduced, and you pay less in taxes.

Rates for life and disability insurance are paid only on an after-tax basis.

WHEN COVERAGE BECOMES EFFECTIVE

Your coverage will become effective on the first day of the month following your first day of employment or newly benefits-eligible position. Coverage requiring evidence of good health will go into effect on the first day of the pay period coinciding with or following approval by the insurance company.

Example:

Date of employment: February 15

Effective date of basic benefits: March 1

Example:

Date of employment: August 1

Effective date of basic benefits: September 1

New Employee Benefits Enrollment

When coverage becomes effective due to appointment change

Your employee medical, dental, and life insurance coverage will become effective on the first day of the month following the date of the eligible change. If the change begins on the first of the month, then your coverage becomes effective on that day.

Example:

Date of eligibility change: April 10

Effective date of basic benefits: May 1

Example:

Date of eligibility change: June 1

Effective date of basic benefits: June 1

When coverage becomes effective if you are not actively at work on your scheduled effective date

Due either to your or your dependent's health status or medical disability:

- Medical and dental coverage takes effect on the date your coverage is scheduled to begin.
- Life, disability, and FSA are delayed until you return to work.

Due to a reason other than hospitalization or medical disability for you or your dependent:

- Medical and dental coverage is delayed until the first day of the pay period coinciding with or following your return to work.

How contributions are paid if you have an academic appointment

If you work for the University on an academic year, generally on a 9- or 10-month appointment, your coverage will continue during the summer months that you are not scheduled to work if you return to work at the beginning of the new academic year. To pay for your contribution toward coverage during the non-work period, rate amounts will be deducted in arrears from your paycheck when you return to work. However, if you do not return to work for the following academic year, your benefits terminate at the end of May.

MEDICARE ELIGIBLE? LET YOUR MEDICAL PLAN KNOW

If you or a covered family member have Medicare Part A or B due to age or disability, please be sure to contact your medical plan to let the plan know. You must provide information about Medicare participation so your files can be updated and your claims processed correctly.

If you are age 65 or older and enrolled in qualified health coverage you may delay enrollment in Medicare Part B until you are no longer enrolled in qualified health coverage.

For employees who are actively at work, their medical plan must pay first (primary) on all claims. Your medical plan carrier will then submit any remaining charges to Medicare for possible payment. Also, please request that your health care provider submit any claims to your medical plan provider – not to Medicare.

FAMILY STATUS CHANGE

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

New Employee Benefits Enrollment

Definition of Eligible Dependents and Dependent Eligibility Verification

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

Relationship to Employee	Criteria for Coverage	Is Dependent Qualified for Tax-Favored Treatment?
Spouse	Must be legally married.	Qualified
Dependent Child	<p>Dependent child – birth through age 25 (up to the 26th birthday) An eligible child can include your unmarried or married biological child, legally adopted child or child placed for the purposes of adoption, foster child, stepchild, or any other child state or federal law requires be treated as a dependent.</p> <p>Note: The spouse of your eligible married dependent child is not eligible for coverage.</p>	Qualified
	<p>Disabled child – age 26 or above (no maximum) if physically or mentally disabled and either:</p> <ul style="list-style-type: none"> • lives with you and does not provide over 50% of his/her own support, or • does not live with you but is at least 50% dependent on you 	Qualified
Dependent Grandchild	<p>Grandchild as dependent child – A grandchild is eligible for coverage as your child if placed in your legal custody, or if the grandchild is legally adopted or placed with you for the purpose of adoption.</p>	Qualified
	<p>Additional grandchildren eligibility – An unmarried grandchild is also eligible under the Plan for coverage if 1) the grandchild is dependent upon you for principal support and maintenance, but is a qualified tax dependent of another person or 2) your unmarried grandchild is the dependent child of your unmarried dependent child, and even though the grandchild may be dependent upon you for principal support and maintenance, the grandchild would not be eligible to be your tax dependent under tax regulations. In these instances, the contributions made by the University to your grandchild's coverage as well as your contributions are considered taxable income on your tax returns.</p> <p>Newborns – Your newborn infant grandchild is eligible under the Plan for coverage if the grandchild is financially dependent upon you and resides with you continuously from birth. Coverage for the grandchild may terminate if the grandchild does not continue to reside with you continuously, if the grandchild does not remain financially dependent upon you, or when the grandchild reaches age 26.</p>	Usually non-qualified

Your Medical Coverage

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

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

Base plans

Medica Elect/Essential in the Twin Cities and Duluth areas and Medica Choice Regional in Greater Minnesota are the plans with networks available to the most employees, and are the most widely used options in those areas.

Rates

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

Enroll

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

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

Contact your new clinic

If the clinic you chose under your medical option is new to you, you may want your new physician to have your records. Ask your current clinic to send a copy of your records to your new clinic so they have it when you visit your new clinic.

There are five medical plan options:

Medica Elect/Essential

- This base plan combines two networks that include 15 major health care systems in the Twin Cities and Duluth areas.
- Family members choose their primary care clinic (PCC) in either the Elect or Essential care system when they enroll.
- Your PCC helps you with referrals to specialists if your care system requires that step.
- Elect/Essential has low rates and copays.

Medica Choice Regional

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

Medica Accountable Care Organization (ACO) Plan

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

Your Medical Coverage

- An ACO is a good option when you and your eligible family members already use the same provider network.
 - You can see any primary care provider or specialist in the network without a referral.
 - Visit medica.com/uofm to learn more about each ACO network's unique features and services.
 - The ACOs have the lowest rates and low copays.
- ## Medica Choice National
- This is an open access plan with the statewide Medica Choice network and the national United Healthcare Options PPO network for use when traveling or working outside the service area.
 - You can see any primary care provider or specialist in the broad network without a referral.
 - Choice National has high rates and copays.

Medica Health Savings Account (HSA)

- This is a high-deductible plan with open access to the statewide Medica Choice network and the national United Healthcare Options PPO network for use when traveling or working outside the service area.
- You can see any primary care provider or specialist in the network without a referral.
- Annually, the University will contribute \$750 for employee-only coverage (\$27.77 per pay period) and \$1,500 for coverage with dependents (\$55.55 per pay period) into the HSA in 2020.

- The HSA contribution amount you receive depends on when your coverage becomes effective. The amount is contributed over the number of pay periods remaining in the year.
- When enrolling mid-year, the deductible amount is not prorated.
- You can make your own contributions to the HSA.
- You will receive a debit card to spend HSA dollars for eligible expenses, including eligible pharmacy and medical.
- Enrollment in Medica HSA means that you can use a Limited Health Care FSA only for dental and vision expenses.
- The HSA plan has moderate rates and high deductibles. You pay for expenses to meet the deductible before the plan pays.

Important Notice: Due to federal law, if you have any other medical coverage, including any part of Medicare, or you are on a spouse's plan that is not a high-deductible health plan, you are not eligible to enroll in Medica HSA.

However, if you are age 65 or older and delay taking Social Security benefits and Medicare Part A, you remain eligible for Medica HSA.

Medica: 952-992-1814

1-877-252-5558

TTY users, please call 711

Web: www.medica.com/uofm

OUT-OF-NETWORK EXPENSES

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

Medical Plan: Additional Benefits

Walk-in/Convenience clinics

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

z.umn.edu/convenienceclinics

Virtual Care

Virtual care visits are a quick and easy way to get care for common conditions such as allergies, cold or flu, pink eye, and sinus infections that can be safely diagnosed without a physical examination. Through a virtual visit, you connect with a provider to get a diagnosis and treatment, and a prescription when you need one. Visits are often available after clinic hours, sometimes even 24/7. Virtual care visits with providers in your plan's network are covered. Costs vary by plan.

z.umn.edu/virtual_care

CallLink Nurseline

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

z.umn.edu/wellbeing_resources

Travel Program provides in-network coverage

When you are traveling or your dependent is a student attending college outside of the plan's service area, you may still receive in-network benefits for medical services if you use a provider in the Travel Program network from Medica. To be eligible for this benefit, your permanent residence must be in the plan's service area.

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

z.umn.edu/travel_medical

Redpoint:

Emergency Medical & Travel Assistance Services

Political and Natural Disaster Evacuation Coverage

Your Basic Life Insurance plan includes automatic enrollment in Redpoint, an emergency assistance program, for you and your covered family members. This service provides 24/7 multilingual assistance plus immediate help in a travel-related emergency, anytime you are 100 miles or more from home or traveling internationally. This coverage is limited to travel up to 90 days in duration.

Redpoint services include:

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

z.umn.edu/emergencytravelmed

Pharmacy Benefits

Prime Therapeutics and Fairview Specialty Pharmacy provide pharmacy benefits

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

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

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

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

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

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

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

Member ID card

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

For more information

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

Prime Therapeutics: 1-800-727-6181

www.myprime.com

Fairview Specialty Pharmacy: 612-672-5289

1-877-509-5115

www.fairviewspecialtyrx.org/uplan

MEDICATION THERAPY MANAGEMENT

UPlan members are eligible for the Medication Therapy Management (MTM) program through Medica if they take four or more UPlan-covered prescriptions and covered over-the-counter medications for chronic conditions, have a referral from their physician, or have diabetes.

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

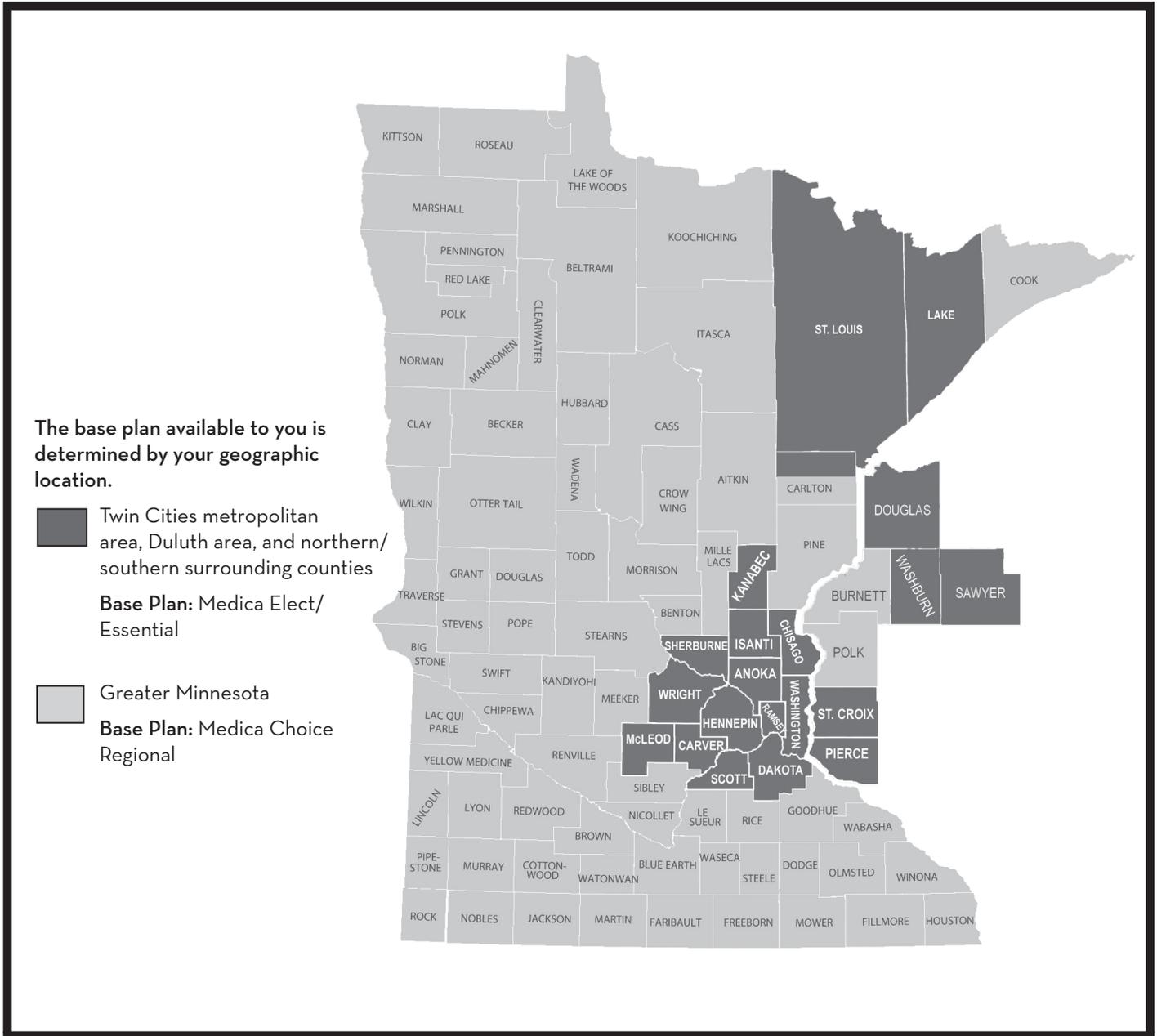
SPECIALTY THERAPY MANAGEMENT

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

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

DID YOU KNOW? Both Medication Therapy Management and Specialty Therapy Management are in the **Wellbeing Program**. See z.umn.edu/ohrwellbeing for details.

Plan Availability—Base Plan Map



Twin Cities Metro Area
Base Plan: Medica Elect/Essential

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

Duluth Area
Base Plan: Medica Elect/Essential

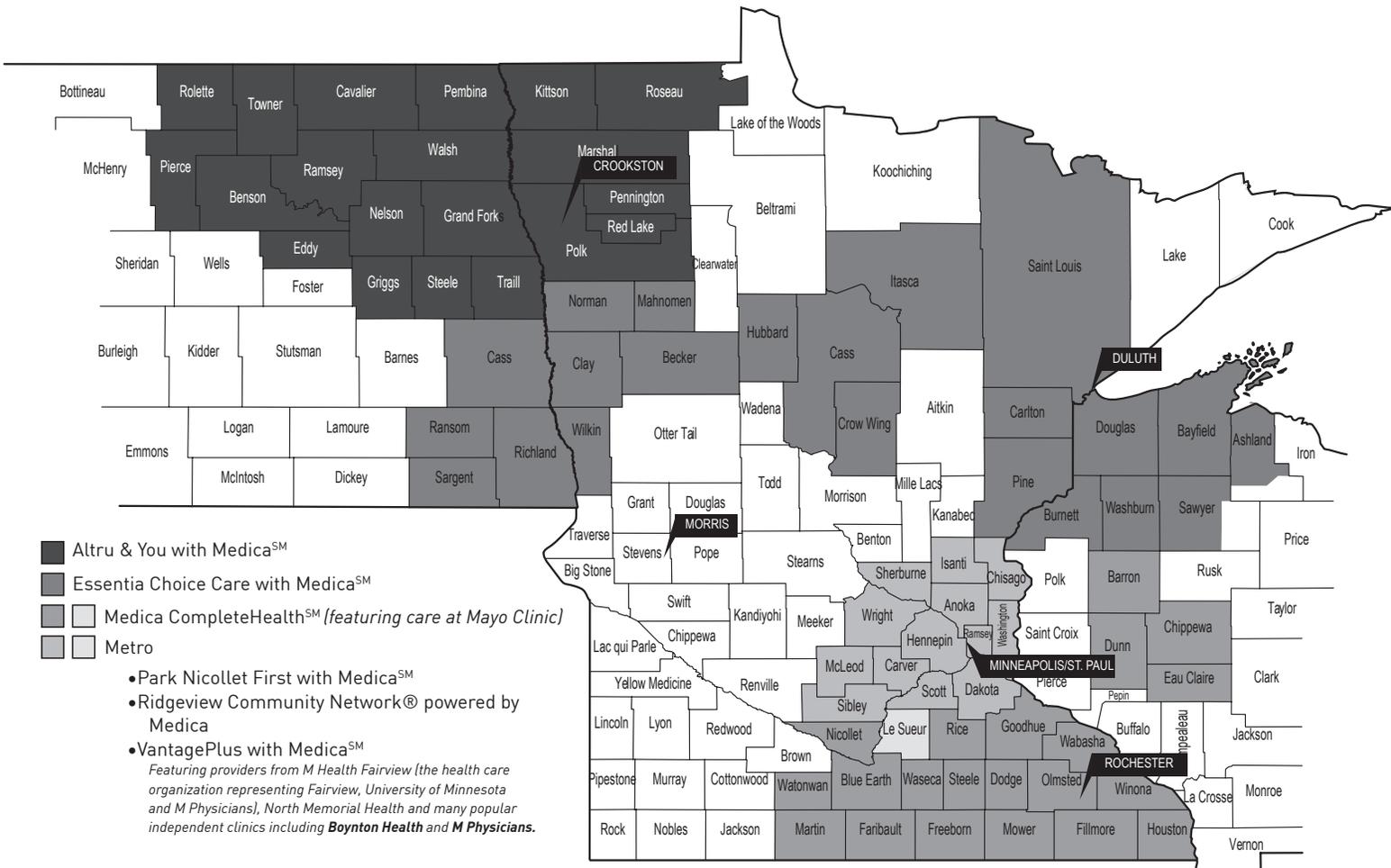
3 Minnesota counties: northern half of Carlton, Lake and St. Louis;
3 Wisconsin counties: Douglas, Sawyer, and Washburn

Greater Minnesota
Base Plan: Medica Choice Regional

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

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

Plan Availability—Medica ACO



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

Twin Cities metro area

Your ACO options are:

- VantagePlus with Medica
- Park Nicollet First with Medica
- Ridgeview Community Network powered by Medica

Available in these Minnesota counties:

- Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Le Sueur, McLeod, Ramsey, Scott, Sibley, Sherburne, Washington, and Wright.

Southern Minnesota and western Wisconsin

Your ACO option is Medica CompleteHealth (featuring care at Mayo Clinic)

Available in these Minnesota counties:

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

Available in these Wisconsin counties:

- Barron, Chippewa, Dunn, and Eau Claire

Northern Minnesota, eastern North Dakota, and northwestern Wisconsin

Your ACO option is Essentia Choice Care with Medica.

Available in these Minnesota counties:

- Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Mahanomen, Norman, Pine, and St. Louis

Available in these North Dakota counties:

- Cass, Ransom, Richland, and Sargent

Available in these Wisconsin counties:

- Ashland, Bayfield, Douglas, Sawyer and Washburn

Northwestern Minnesota and northeastern North Dakota

Your ACO option is Altru & You with Medica.

Available in these Minnesota counties:

- Kittson, Marshall, Pennington, Polk, Red Lake, or Roseau

Available in these North Dakota counties:

- Benson, Cavalier, Eddy, Grand Forks, Griggs, Nelson, Pembina, Pierce, Ramsey, Rolette, Steele, Towner, Traill, and Walsh

Medical: Plan Comparison

IN-NETWORK SERVICES

Health Care Services	BASE PLAN: Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Preventive Care ¹	100% coverage	100% coverage	100% coverage	100% coverage ²
Eye and Hearing Exam (routine)	100% coverage	100% coverage	100% coverage	100% coverage
Physician ³	\$25 Primary/ \$35 Specialty copay	\$20 Primary/ \$30 Specialty copay	\$40 Primary/ \$50 Specialty copay	90% coverage after deductible
All Walk-in/ Convenience Clinics and Virtual Care ⁴	\$15 copay	\$15 copay	\$20 copay	90% coverage after deductible
Outpatient MRI and CT Scan	\$50 copay	\$40 copay	\$50 copay	90% coverage after deductible
Urgent Care: In-Network and Out-of-Network	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Emergency Care: In-Network and Out-of-Network	\$100 copay, waived if admitted	\$100 copay, waived if admitted	\$100 copay, waived if admitted	90% coverage after deductible
Outpatient Mental Health/ Substance Abuse ⁵	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Chiropractic Care	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Physical, Speech, and Occupational Therapy	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible
Home Health Care	\$25 copay	\$20 copay	\$40 copay	90% coverage after deductible

¹ Preventive care includes routine physical, hearing and eye exams; well child care; prenatal care; immunizations; and allergy injections.

² HSA guidelines do not view allergy injections as preventive; therefore, the deductible and coinsurance apply to this service.

³ Primary Care includes Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics.

⁴ Gopher Quick Clinic in the Twin Cities, and other walk-in/convenience care clinics; also applies to virtual care.

⁵ Outpatient Mental Health/Substance Abuse virtual care services will apply the office visit benefit.

Medical: Plan Comparison

IN-NETWORK AND OUT-OF-NETWORK

Deductibles and Services	BASE PLAN: Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
In-Network Deductible¹	\$100 per person/ \$200 per family	\$100 per person/ \$200 per family	\$200 per person/ \$400 per family	Total in-network and out-of-network: Employee only: \$1,500 Family: \$3,000
Out-of-Network Deductible	\$600 per person/ \$1,200 per family	\$600 per person/ \$1,200 per family	\$600 per person/ \$1,200 per family	
Lab/X-Ray	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
Outpatient Surgery	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
In-Network Hospital (General and Mental Health/ Substance Abuse Care)	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible	90% coverage after deductible
Ground and Air Ambulance to Nearest Facility	80% coverage	80% coverage	80% coverage	90% coverage after deductible
Prosthetics, Durable Medical Equipment	80% coverage, including hearing aids	80% coverage, including hearing aids	80% coverage, including hearing aids	90% coverage after deductible, including hearing aids
Out-of-Network Care²	70% coinsurance after deductible is met, up to the annual out-of-pocket maximum	70% coinsurance after deductible is met, up to the annual out-of- pocket maximum	70% coinsurance after deductible is met, up to the annual out-of- pocket maximum	70% coinsurance after deductible is met, up to the annual out-of- pocket maximum

¹ In-network deductible applies to expenses without a copay, primarily in- and out-patient hospital, and lab/x-ray.

² If you visit an out-of-network provider, Medica discounts do not apply. That means your out-of-pocket costs can be much higher, potentially thousands of dollars. Plus, Medica usually pays out-of-network providers less than the amount that they bill. When this happens, you're responsible for paying the provider the balance.

Medical: Plan Comparison

PRESCRIPTION DRUGS

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

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

Prescription Drug Categories	BASE PLAN: Medica Elect/ Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Certain Preventive Medications Specified in the Affordable Care Act and Contraceptives in the Generic Plus Category	\$0 copay	\$0 copay	\$0 copay	100%
Generic Plus (Tier 1) Drugs (includes covered generic drugs and some low-cost brand drugs if there is no covered generic drug in a given therapeutic class)	\$10 copay	\$10 copay	\$10 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Formulary Brand Name (Tier 2) Drugs (includes other covered formulary brand drugs)	\$30 copay	\$30 copay	\$30 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Non-formulary (Tier 3) Drugs (includes covered brand drugs not listed on formulary)	\$75 copay	\$75 copay	\$75 copay	Prescriptions are covered in the HSA and at 90% in medical plan after deductible
Purchase of Brand Drug When Chemically Equivalent Generic Is Available	Pay the generic copay and difference in cost¹ between the brand drug and the generic drug	Pay the generic copay and difference in cost¹ between the brand drug and the generic drug	Pay the generic copay and difference in cost¹ between the brand drug and the generic drug	Prescriptions are covered in the HSA and at 90% in medical plan after deductible ²
Drugs Purchased by Mail Order	3-month supply available for two copays	3-month supply available for two copays	3-month supply available for two copays	90-day supply available at discount
Annual Out-of-Pocket Maximum (Rx only)	\$750 per person/ \$1,500 per family	\$750 per person/ \$1,500 per family	\$750 per person/ \$1,500 per family	No separate out-of-pocket maximum for prescriptions

¹ The difference in cost does not apply toward the annual out-of-pocket maximum.

² When in the coinsurance level, pay 10 percent coinsurance based on generic price in addition to difference in cost between the brand drug and the generic drug.

Medical: Plan Comparison

OTHER COVERAGE AND MAXIMUMS

Other Coverage and Maximums	BASE PLAN: Medica Elect/Essential Medica Choice Regional	Medica ACO Plan	Medica Choice National	Medica HSA
Travel Benefit: In-Network Coverage	For students and other travelers if services are provided by United Healthcare Options PPO providers	For students and other travelers if services are provided by United Healthcare Options PPO providers	For out-of-area residents, students and other travelers, if services are provided by United Healthcare Options PPO providers	For out-of-area residents, students and other travelers if services are provided by United Healthcare Options PPO providers
National Coverage	Available through emergency or out-of-network benefit only	Available through emergency or out-of-network benefit only	Available in-network through United Healthcare Options PPO network	Available in-network through United Healthcare Options PPO network
Annual Out-of-Pocket Maximum¹ Total annual in-network and out-of-network	\$2,500 per person/ \$4,000 per family	\$2,500 per person/ \$4,000 per family	\$2,500 per person/ \$4,000 per family	\$3,000 employee only/ \$6,000 per family (Note: Out-of-pocket maximums include the deductible)
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

¹ If you go out-of-network, you could end up paying more than the out-of-pocket maximum, because certain amounts you pay don't count toward the maximum. Plus, even after you've met your out-of-pocket maximum, you'll continue to pay the difference between what the provider bills and what Medica pays.

Annual HSA Contributions	UPlan	Employee Maximum
Employee-only amount	\$750	\$2,850
Family coverage amount (either tier)	\$1,500	\$5,700
Catch-up amount - Age 55 or over		\$1,000

Medical: 2021 UPlan Biweekly Rates

EMPLOYEE-ONLY

Plans	Wellbeing Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$26.82	\$327.39	\$46.05	\$308.16	\$354.21
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$8.55	\$327.39	\$27.78	\$308.16	\$335.94
Medica Choice National	\$107.90	\$327.39	\$127.13	\$308.16	\$435.29
Medica HSA	\$20.85	\$327.39	\$40.08	\$308.16	\$348.24

EMPLOYEE AND CHILDREN

Plans	Wellbeing Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$100.46	\$513.33	\$119.69	\$494.10	\$613.79
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$67.52	\$513.33	\$86.75	\$494.10	\$580.85
Medica Choice National	\$240.31	\$513.33	\$259.54	\$494.10	\$753.64
Medica HSA	\$90.32	\$513.33	\$109.55	\$494.10	\$603.65

EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN

Plans	Wellbeing Rates		Standard Rates		Total Cost
	Employee	University	Employee	University	
Medica Elect/Essential: Twin Cities & Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$150.28	\$768.33	\$179.13	\$739.48	\$918.61
Medica ACO Plan: Crookston area, Duluth area & parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$102.79	\$768.33	\$131.64	\$739.48	\$871.12
Medica Choice National	\$360.01	\$768.33	\$388.86	\$739.48	\$1,128.34
Medica HSA	\$134.26	\$768.33	\$163.11	\$739.48	\$902.59

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

Employees who earned the \$500/\$750 Wellbeing reduction in 2019-20 pay the Wellbeing Rate in 2021. Those who didn't earn the wellbeing points will pay the Standard Rate.

Dental Plan Options

YOUR DENTAL COVERAGE

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.

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 1,700 dentists in the local service area and 108,000 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 3,165 dentists in the local service area and over 154,000 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 charges, 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

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 **TTY:** 1-888-853-7570

www.deltadentalmn.org/uofm

Dental Plan Comparison

Plan	DELTA DENTAL PPO In-network coverage only	DELTA DENTAL PREMIER	
		In-network	Out-of-network
Diagnostic and Preventive Care	100% coverage	100% coverage	50% coverage
Basic Restorative Care	80% coverage	80% coverage	After \$125 annual deductible, 50% 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
Orthodontics	80% coverage	80% coverage	50% 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.

Dental: 2021 UPlan Biweekly Rates

EMPLOYEE-ONLY COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$2.08	\$15.28	\$17.36
Delta Dental Premier: Greater Minnesota Base Plan	\$2.08	\$19.20	\$21.28
Delta Dental Premier: Twin Cities & Duluth	\$6.00	\$15.28	\$21.28

EMPLOYEE AND CHILDREN COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$19.94	\$21.61	\$41.55
Delta Dental Premier: Greater Minnesota Base Plan	\$19.94	\$30.78	\$50.72
Delta Dental Premier: Twin Cities & Duluth	\$29.11	\$21.61	\$50.72

EMPLOYEE AND SPOUSE WITH OR WITHOUT CHILDREN COVERAGE

Plans	Employee Cost	University Contribution	Total Cost
Delta Dental PPO: Twin Cities & Duluth Base Plan	\$23.14	\$25.06	\$48.20
Delta Dental Premier: Greater Minnesota Base Plan	\$23.14	\$35.97	\$59.11
Delta Dental Premier: Twin Cities & Duluth	\$34.05	\$25.06	\$59.11

If your appointment is 75% to 100% time, you will pay "Employee Cost" per pay period.

If your appointment is 50% to 74% time, you will pay "Total Cost" per pay period.

Flexible Spending Accounts and Health Savings Accounts

The University offers several options that allow you to save by using pre-tax dollars on medical and dependent care expenses. There are two kinds of Flexible Spending Accounts (FSAs) as well as a Health Savings Account (HSA) available to employees enrolled in the Medica HSA medical plan. Saving pre-tax dollars also reduces your taxable income.

Important facts about all FSAs

Enrollment Requirements: Employees must re-enroll every year, as FSA enrollment does not carry over from year to year.

Expiration Date: If you do not use the money in your FSA before the end of the plan year, you forfeit the balance of your FSA account, so plan your contribution carefully. At the University of Minnesota, the plan year runs through March 15 of the following year. This means you can spend on FSA-eligible expenses through March 15, 2022, and still reimburse yourself using 2021 FSA funds through March 31, 2022.

Health Care FSA (Flexible Spending Account)

Spend pre-tax dollars on a wide variety of health-related expenses. At the University, the FSA is administered by Discovery Benefits LLC, a WEX Company.

Minimum and Maximum Contribution: \$100 minimum / \$2,750 maximum

How to Use: Users receive a debit card to use on eligible expenses, and submit for reimbursement through the portal available at <https://humanresources.umn.edu/benefits/fsa>.

When to Spend: All the money you set aside is available on the first day of the plan year. As a new hire, that's the first day you are benefits eligible. For annual enrollment, that's January 1.

Eligible Expenses: Copays, coinsurance, glasses and contacts, prescriptions, selected over-the-counter items, doctors' visits, surgeries, birthing classes, and more. View an interactive eligible expense list at www.DiscoveryBenefits.com/eligibleexpenses.

Dependent Care FSA (Flexible Spending Account)

Spend pre-tax dollars on dependent care, such as child care or elder care. At the University, the FSA is administered by Discovery Benefits LLC, a WEX company.

Maximum Contribution: \$5,000 is the household maximum, whether for an individual or for married couples who file their taxes jointly.

How to Use: Employees can request reimbursement on their portal available at <https://humanresources.umn.edu/benefits/fsa>.

When to Spend: Dependent care FSA dollars are added throughout the year on a by-paycheck basis. Funds need to build up in your account before you may request reimbursement.

Eligible Expenses: Expenses such as after school care, day care, and adult day care are eligible for a dependent child until the day of their 13th birthday and adult dependents who can't take care of themselves. View an interactive eligible expense list at www.DiscoveryBenefits.com/eligibleexpenses.

Health Savings Account (HSA)

Spend pre-tax dollars, including a University contribution, on health-related expenses. At the University, the HSA is administered by OptumBank.

Enrollment Requirements: Any employee enrolled in the Medica HSA medical plan is automatically a participant in the HSA.

Minimum/Maximum Contribution: 2021 HSA Contribution limits are \$3,600 for individuals and \$7,200 for family coverage, which includes the University contribution listed below.

University Contribution: \$750/employee only plan, \$1,500/family plan

When to Spend: Your money is added throughout the year on a by-paycheck basis. Wait for money to build up throughout the year before spending.

Eligible Expenses: Copays, coinsurance, glasses and contacts, prescriptions, doctors' visits, surgeries, and more. View a full list at optum.com.

Expiration Date: The money in your HSA will remain from year-to-year, even if you leave the University or retire.

Life Insurance

Basic Benefit

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

Basic Life Rates

The University pays the full cost of basic employee life insurance if you are employed 75% to 100% time. If you are employed 50% to 74% time, you pay \$0.055 per \$1,000 coverage per biweekly pay period based on your part-time covered compensation rounded to the next higher \$1,000. Basic life insurance has a reduction schedule tied to the retirement age used by Social Security.

Additional coverage available

You may apply for additional coverage for yourself, your spouse, and your children. You may elect a specified amount of insurance without evidence of insurability—called “guaranteed issue”—if applied for within your first 30 days of employment or newly benefits-eligible position.

You also have the option to apply for spouse or child life coverage without evidence of insurability for life events such as marriage or birth/adoption of a child if applied for within 30 days of the event.

More information, including plan maximums, can be found at z.umn.edu/lifeinsurance.

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

Need some guidance? Benefit Scout™ provides information and tools to help you understand and make decisions about your life insurance. This tool is available at z.umn.edu/BenefitScout.

AD&D Coverage

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

Additional Life Insurance Rates

You pay the full rate for additional life coverage through payroll deductions.

Attained age of employee or spouse	2021 rate per \$1,000 per biweekly pay period
Under 30	\$0.016
30-34	\$0.016
35-39	\$0.022
40-44	\$0.024
45-49	\$0.037
50-54	\$0.061
55-59	\$0.093
60-64	\$0.150
65-69	\$0.238
70-74	\$0.381
75-79	\$0.609
80-84	\$0.960
85+	\$0.960

Newly Eligible without Evidence of Insurability

Underwriting with evidence of insurability is required if you select an amount larger than the guaranteed issue or if you do not enroll during your initial enrollment period. To apply, go to z.umn.edu/additionallife and print and complete a copy of the enrollment form. Return the form to Total Compensation for forwarding to Securian, who will contact you with instructions on how to access its website to submit your health history electronically.

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

Life Insurance

Child Life Rates

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

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

Beneficiary designation

Life events such as a new job, marriage, divorce, or the birth or adoption of a child are the time to evaluate life insurance coverage and review or update your beneficiaries.

Securian maintains beneficiary designations for employees on their secure website, which makes the beneficiary information readily available for you to elect, store, and update while also protecting the privacy of your designations.

Visit www.LifeBenefits.com/plandesign/umn and log in using the instructions on the website to securely designate your beneficiary with Securian.

Your user ID is:

- The letters UM followed by your seven-digit employee ID number (example: UM1234567), and

Your initial password is:

- Your eight-digit date of birth followed by the last four digits of your Social Security number.

After your initial log in, you will be prompted to change your password.

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

Accelerated benefit option

Both the basic and additional insurance plans have an accelerated option. This means if you or a family member become terminally ill, you may be able to collect the full amount of the life insurance benefit prior to death.

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

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

Legal, financial, and grief resources

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

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

Username: **lfg**

Password: **resources**

Legacy planning services

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

For any question about any kind of Life Insurance, contact

Securian Financial Group:

Customer service: 651-665-3789

Toll free: 800-392-7295

lifebenefits.com

Disability Coverage

Disability Insurance for Employees

Bills, loans, and life's other expenses don't stop when you get injured or sick, which is why it's important to be financially prepared. Enrolling in Disability insurance is a helpful way to ensure that you will continue to have income to meet your household's needs, even when the unexpected happens.

Voluntary Short-term Disability

Available to	Civil Service, Faculty and P&A
Cost	Per pay period deductions can be found at z.umn.edu/shortdisability .

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

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

To determine your maximum benefit amount:

- Multiply your annual covered compensation by 66.67%;
- Divide that number by 12; and
- Round down to the nearest \$100.

You may select a benefit amount up to the lesser of your maximum monthly benefit amount or \$5,000. Rates can be found at z.umn.edu/shortdisability. For example, a monthly benefit of \$1,800 costs \$9.90 per pay period.

Voluntary Long-term Disability

Available to	Civil Service. Faculty and P&A staff are also eligible who work at least 20 hours a week and not more than 26.8 standard hours per week.
Cost	Per pay period deductions can be found at z.umn.edu/longdisability .

Voluntary Long-term Disability insurance provides money to you if you have been continuously disabled for 180 days and remain disabled. You can receive this benefit until you reach the normal retirement age according to Social Security. You may apply for

a monthly benefit amount that is 60% of your monthly covered compensation, up to the \$5,000-per-month limit, subject to pre-existing conditions.

Determine your benefit amount

To find your maximum monthly benefit amount:

- Multiply your annual covered compensation by 60%;
- Divide that number by 12; and
- Round down to the nearest \$100. You may select a benefit amount up to the lesser of your maximum monthly benefit amount or \$5,000.

Rates can be found at z.umn.edu/longdisability.

Impact of pre-existing conditions on coverage

A pre-existing condition is a mental or physical condition, diagnosed or not, for which you have seen a doctor, received medical treatment, services, or advice, undergone diagnostic procedures, or taken prescribed drugs during the 12-month period just before your long-term disability insurance becomes effective. If you have a pre-existing condition, you will not have coverage for that condition for the first 24 months after insurance takes effect.

Academic Disability Program

Available to	This benefit is available to eligible Faculty and P&A employees. Faculty and P&A staff are generally considered eligible if they work 26.8 standard hours per week in appointments of at least nine months in duration. No enrollment necessary.
Cost	The University of Minnesota pays for the cost of this benefit.

The University of Minnesota provides paid medical leave and long-term disability benefits at no cost to eligible faculty and P&A staff who are unable to perform their work duties due to a certified mental or physical health condition. These benefits are under the Academic Disability Program and administered by the University of Minnesota and Unum.

Details, including income replacement, subsidized health coverage, and retirement plan contributions can be found at z.umn.edu/academicdisability.

Wellbeing Program

Oct. 1, 2020-Aug. 31, 2021

Participate in a variety of programs throughout the year and get rewarded for making your wellbeing a priority.

The University of Minnesota wants to support your wellbeing journey by providing resources to assist you in being the best version of you! The Wellbeing Program will now be hosted through Virgin Pulse, an exciting new wellness platform that offers highly personalized activities, tips, and tools that make easy and fun to engage every day. Whether it is tracking your daily healthy habits, discovering a new recipe, trying a free Whil Mindfulness session or taking advantage of Ovia’s Fertility, Pregnancy, and Parenting app, the program has something for you!

The University of Minnesota Wellbeing Program focuses on the following eight dimensions: physical, emotional, financial, spiritual, occupational, intellectual, environmental, and social. By participating in wellbeing activities, our hope is that you will:

- Gain confidence and awareness
- Achieve personal wellbeing goals
- Be rewarded for enhancing your wellbeing while earning points throughout the year

Program year: October 1, 2020 – August 31, 2021

This program allows you to earn points that add up to real savings on your 2022 UPlan medical rates – either \$500 or \$750 a year depending on whether you have a spouse covered under your UPlan medical plan.

If your UPlan coverage is:	You need to earn at least:	To save this amount in 2022:
Employee Only*	500 points	\$500
Employee and Children*	500 points	\$500
Employee and Spouse with or without Children*	750 points (If covered spouse chooses to participate, they must earn all 250 points towards 750 incentive)	\$750

***Please note:** If you change your status during the wellbeing program year such as **adding or dropping a spouse**, you will need to earn points corresponding to your new status. For example, if you add your spouse in June, you will need to get 750 total points by August 31, 2021, instead of 500 points.

How to get started

Once your UPlan medical benefits are effective (1st of the month following your start date), will be eligible to enroll in the Wellbeing Program through Virgin Pulse. Once you are eligible, you will receive a notification email from Virgin Pulse or you can follow the steps below. Participation in the program is a voluntary choice requiring action.

Step 1. UMN Employees need to register for the first time by signing up for your Virgin Pulse account by going to join.virginpulse.com/UMN. You will need to register using your UMN 7-digit employee ID number, legal last name, and preferred first name.

Spouses on the UPlan (whether you are a University employee or not): Sign up for your Virgin Pulse account by going to join.virginpulse.com/UMN. You will need to register your account by using the UPlan account holder’s 7-digit employee ID number and adding “S” directly after the 7-digits (ex. “XXXXXXXXS”)

Step 2. Select your preferred language (there are 20 to choose from). On the app, choose App Settings from the side menu. On a desktop, select My Profile and scroll to Account Settings.

Step 3. Select your wellbeing interest to get personalized daily tips and content that you want to focus on to enhance your wellbeing. On a desktop, select My Profile and scroll to Topics of Interest.

Step 4. The list of program opportunities and more information can be found by clicking on “Programs” on the Virgin Pulse portal. You may also visit z.umn.edu/ohrwellbeing for a PDF of the program brochure, which lists available programs and additional steps to get started.

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

Your reward will be spread across your paychecks in 2022 through reduced UPlan rates.

Employee Assistance Program and Financial Counseling

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides confidential, professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing. You can request up to eight sessions per issue, at no cost. The program is available to all benefits-eligible employees on all system campuses. Your spouse and dependent children are also eligible for EAP services.

EAP counseling and consultation for work or personal concerns:

- Job concerns and work productivity
- Personal, interpersonal, and work relationships
- Mental health
- Family issues
- Conflict resolution
- Coping with stress
- Adjustment to grief/loss or change
- Chemical health

EAP services are provided by:

Sand Creek EAP

An AllOne Health Company

Allonehealth.com/sandcreekeap

1-888-243-5744

If you are experiencing an emergency, please call 911 or visit your local emergency room.

If you have an urgent need, please call Sand Creek directly at 888-243-5744 to speak with a Sand Creek Clinician. In-the-moment support is available 24/7.

If you wish to have an EAP Consultant reach out to you, please fill out the intake form and click on "Submit Form." A Consultant at Sand Creek will respond to your request by calling you at your desired contact number within one business day.

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

Sand Creek's office hours are Monday-Friday 8:00 am to 4:30 pm CT.

FINANCIAL COUNSELING

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

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

Services are available either in person at various locations around the state, virtually, by telephone, or online. You may contact LSS Financial Counseling at 1-800-528-2926 for an individual appointment or visit www.lssmn.org/umn/.

Overview of Retirement Plans

Overview of retirement plans

Eligible employees are automatically enrolled into a primary retirement plan based on their employee group. Participation is mandatory, and there is no waiting period. Your required contributions are taken on a pre-tax basis.

Civil Service and Labor Represented staff

The Minnesota State Retirement System (MSRS), a defined benefit pension plan, is the primary retirement plan for Civil Service and non-faculty Labor Represented staff. Retirement deductions are a percentage of total covered compensation and are paid into the Retirement Fund.

This money is credited to your individual MSRS account and is tax sheltered from both federal and state income tax. The employer contribution is not credited to individual accounts. It is used to help pay the monthly annuities and benefits received from the Retirement Fund. Rates are subject to change by the Legislature.

Faculty and Professional & Administrative (P&A) staff

The Faculty Retirement Plan, a 401(a) contribution plan, is the primary retirement plan for faculty members and P&A staff in select classifications who work at least 26.8 standard hours per week for not less than nine months in duration.

Voluntary retirement plans

All faculty, P&A staff, Civil Service, and Labor Represented staff members who are paid on a continuous basis are eligible to participate in the two voluntary retirement savings plans - the Optional Retirement Plan (ORP) and the Section 457 Deferred Compensation Plan (457). If you wish to increase the amount you are saving for retirement, you may contribute to one or both of these plans.

You can contribute, in each calendar year, the amount allowed under the federal limits. You can choose from a variety of investment options.

In the ORP and 457 plans, you may elect a pre-tax contribution amount, which means you pay no federal or state income taxes on the money you put into the plans or on any investment gains until you withdraw funds. And because your contributions are tax deferred, you reduce your taxable income and pay less in taxes on your take-home pay. You may choose to elect a Roth contribution to the ORP, which allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement, as long as the distribution is a qualified one.

You can increase or decrease your contributions during the year. You may also stop contributions and restart them at a future date.

Which plans allow a rollover of money from a previous qualified retirement plan?

If you want to consolidate your retirement investments, and you have the Faculty Retirement Plan, you are allowed to roll funds into your University account. The Optional Retirement Plan also accepts rollovers. MSRS only accepts rollovers to repay a previous refund.

For more information

The Total Compensation website at z.umn.edu/retirementsavings has detailed information about your retirement plan.

Learn more about the benefits and limits of the two voluntary retirement savings plans. When you are ready to sign up, or if you would like a one-on-one appointment with Fidelity, follow the steps outlined on netbenefits.com/umn.

Use the links on the retirement savings website to find the schedule of effective dates for new enrollments and contribution changes for both the Optional Retirement Plan and Section 457 Deferred Compensation Plan. Go to netbenefits.com/umn or call Fidelity at 800-343-0860.

Important Notice from the UPlan Medical Program

Important Notice from the University of Minnesota About Your Prescription Drug Coverage and Medicare

If you or a covered dependent has Medicare Part A and/or B (or will be eligible within the next 12 months) you'll want to read this notice about your current Prescription Drug Coverage and Medicare. If not, you can disregard this notice.

NOTE: The Centers for Medicare and Medicaid Services (CMS) regulations require us to send this notification to all individuals with prescription drug coverage who are eligible for Medicare. We're including this information in our Guide for UPlan Benefits Enrollment because we don't know if you are entitled to Medicare or not. Medicare entitlement includes individuals who qualify for Medicare because of a disability or end-stage renal disease (ESRD), as well as individuals who are over age 65.

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.

There are two important things you need to know about your current coverage and Medicare's 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.

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: November 2020

Sender: University of Minnesota
Office of Human Resources
Total Compensation

Contact: Total Compensation

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

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

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

If you decide to enroll in a Medicare prescription drug plan and drop your UPlan Employee Medical Program prescription drug coverage for retirees over age 65, be aware that you cannot get this coverage back. You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. When you leave employer/union coverage you may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

Important Notice from the UPlan Medical Program

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

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

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

Call the University of Minnesota Employee Benefits Contact Center at 612-624-8647 or 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. You'll get a copy of the handbook 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 Retirees Over 65.

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).

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.

This guide provides an overview of the benefits available to you as an eligible University employee.

Please refer to the Summary of Benefits booklets for a complete description of your medical and dental benefits, their limitations, and exclusions.

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

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

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

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

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Office of Human Resources

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