



Office of Human Resources

UNIVERSITY OF MINNESOTA

Driven to Discover®

A photograph of an elderly couple standing outdoors. The woman on the left has short grey hair and is wearing a light blue t-shirt. The man on the right has white hair, wears glasses, and a grey t-shirt. He is holding a rolled-up purple yoga mat. They are both smiling and looking towards the right. The background consists of green trees.

# 2023 Benefits Enrollment Guide for Retirees and Disabled Participants

Benefits effective January 1, 2023

# 2023 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 2023 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](https://z.umn.edu/medicalbenefits) and [z.umn.edu/dentalbenefits](https://z.umn.edu/dentalbenefits). If you require a print copy, call Total Rewards 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.

## Find More Retiree Benefits Information Online

The University's Office of Human Resources website has a special section just for retirees. There you will find:

- Important documents you may need
- Details on continuing your U of M medical, dental, and group life insurance coverage in retirement
- Wellbeing programs for retirees
- Dental programs for retirees
- Travel and emergency assistance
- Contact information for your medical plan vendor
- And much more

Visit OHR's Benefits for Retirees web pages at <https://z.umn.edu/retireebenefits> or, from the OHR home page, click on Benefits, then Benefits for Retirees.

### OHR Contact Center

Telephone: 612-624-8647 Toll Free: 1-800-756-2363 [hr.umn.edu/benefits](https://hr.umn.edu/benefits)

# Table of Contents

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
Non-Medicare Eligible Health Plans .....	Page 18
Dental Plans.....	Page 19
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 be able 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 65 and one is 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 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 want 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 the Office of Human Resources no later than 4:30 p.m. on November 30, 2022.** 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.

**Non-Medicare Enrollees:** If this is your initial retirement from the University, we recommend returning Continuation of Coverage form to Total Rewards about two months before your retirement date, but we must receive it no later than 30 days after your last day of work. You do not need any other forms to continue dental insurance or medical plans if you are not a Medicare participant.

**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 mail the enrollment form. HealthPartners also has the option to enroll electronically. **You will need to return the form to the carrier by December 31, 2022, to become effective January 1, 2023. For new retirees, you need to send it 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 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 our 65+ plans.

## When should I enroll in Medicare?

- If you are 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 before 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 before your 65th birthday.

## How much time should I allow to enroll in Medicare?

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

## If I'm enrolled in an HSA, can that affect my 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](http://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 six 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 nonprofit 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](http://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 (PDP)

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](http://www.bluecrossmn.com/umnretirees)

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

Group MedicareBlue Rx (PDP)

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

[www.yourmedicareolutions.com](http://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](http://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](http://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](mailto:Groupsales@ucare.org)

# Medicare-Enrolled Health Plans

	<b>Blue Cross Blue Shield of Minnesota U of M Plan 1</b>	<b>Blue Cross Blue Shield of Minnesota U of M Plan 2</b>	<b>HealthPartners Journey &amp; Retiree National Choice U of M Plan 1</b>	<b>HealthPartners Journey &amp; Retiree National Choice U of M Plan 2</b>
<b>Premium per month per person</b>	\$392.10	Pre MACRA* \$176.10 Post MACRA* \$158.60	\$296.80	\$167.50
<b>Type of Policy</b>	Coordinates with Medicare and Medicare Prescription Drug Plan	Medicare Supplement Plan with Medicare Prescription Drug Plan	<ul style="list-style-type: none"> <li>• Journey: Medicare Advantage Plan</li> <li>• RNC: Coordinates with Medicare and includes Medicare Prescription Drug Plan</li> </ul> Type of Policy is determined by county of residence	
<b>How Plan Works with Medicare and Medicare Assignment</b>	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 \$2,490 (2022); then plan pays 100%. Deductible may change in 2023*	<ul style="list-style-type: none"> <li>• Journey: HealthPartners administers benefits and claims payment for all plan covered medical services and Part D.</li> <li>• RNC: For medical services, HealthPartners coordinates with Medicare. For Part D drug coverage, HealthPartners administers benefits and claims payment.</li> </ul>	
<b>Network Providers (Medicare Assignment)</b>	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.	
<b>Outpatient Hospital</b>				
<b>Outpatient Surgery</b>			100%	100% after \$75 copay
<b>Lab/X-Ray, CT scan, MRI, other outpatient diagnostic tests</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	Lab services 100% All other services \$15 copay	Lab services 100% All other services \$30 copay
<b>Emergency Services</b>			100% after \$50 copay	100% after \$100 copay
<b>Ambulance</b>			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 (\$226). This impacts Blue Cross Blue Shield Plan 2.



# Medicare-Enrolled Health Plans

	<b>Medica U of M Plan 1</b>	<b>Medica U of M Plan 2</b>	<b>UCare U of M Plan 1</b>	<b>UCare U of M Plan 2</b>
<b>Premium per month per person</b>	\$359.00	\$189.00	\$315.00	\$167.00
<b>Type of Policy</b>	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	
<b>How Plan Works with Medicare and Medicare Assignment</b>	<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>	
<b>Network Providers (Medicare Assignment)</b>	<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 also have access to out-of-state providers with an expanded MultiPlan national network. At these providers, your plan works the same as in network.</p> <p>You may see any provider that accepts Medicare. UCare will also cover 80% of many other services throughout the U.S.</p>	
<b>Outpatient Hospital</b>				
<b>Outpatient Surgery</b>	100% after \$50 copay	100% after \$100 copay	100%	100% after \$100 copay
<b>Lab/X-Ray, CT scan, MRI, other outpatient diagnostic tests</b>	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
<b>Emergency Services</b>	100% after \$50 copay	100% after \$75 copay	100% after \$50 copay	100% after \$75 copay
<b>Ambulance</b>	100% after \$50 copay	100% after \$65 copay	100%	100% after \$100 copay

## Medicare-Enrolled Health Plans

	<b>Blue Cross Blue Shield of Minnesota U of M Plan 1</b>	<b>Blue Cross Blue Shield of Minnesota U of M Plan 2</b>	<b>HealthPartners U of M Plan 1</b>	<b>HealthPartners U of M Plan 2</b>
<b>Urgent Care Visit</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	100% after \$15 copay	100% after \$30 copay
<b>Inpatient</b>				
<b>Hospital</b>	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
<b>Skilled Nursing</b>	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% for up to 100 days per benefit period after deductible is satisfied. 3-day hospital stay required.	<ul style="list-style-type: none"> <li>• 100% for up to 100 days per benefit period.</li> <li>• RNC: 3-day hospital stay required.</li> </ul>	
<b>Mental Health</b>	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
<b>Chemical Dependency</b>		100% after deductible is satisfied		
<b>Outpatient Medical</b>				
<b>Preventive</b>	100%	100% for Medicare covered preventive services only	100%	100%
<b>Physician Office Visit</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	100% after \$15 copay	Primary Care 100% after \$20 copay / Specialist 100% after \$30 copay

## Medicare-Enrolled Health Plans

	<b>Medica U of M Plan 1</b>	<b>Medica U of M Plan 2</b>	<b>UCare U of M Plan 1</b>	<b>UCare U of M Plan 2</b>
<b>Urgent Care Visit</b>	100% after \$20 copay	100% after \$30 copay	100% after \$20 copay	100% after \$35 copay
<b>Inpatient</b>				
<b>Hospital</b>	100% after \$100 copay	100% after \$200 copay	100%	100% after \$200 copay
<b>Skilled Nursing</b>	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	
<b>Mental Health</b>	100% after \$100 copay	100% after \$200 copay	100%	100% after \$200 copay
<b>Chemical Dependency</b>				
<b>Outpatient Medical</b>				
<b>Preventive</b>	100%	100%	100%	100%
<b>Physician Office Visit</b>	Primary Care 100% Specialist 100% after \$20 copay	Primary Care 100% Specialist 100% after \$30 copay	Primary Care 100% Specialist 100% after \$15 copay	Primary Care 100% Specialist 100% after \$30 copay

## Medicare-Enrolled Health Plans

	<b>Blue Cross Blue Shield of Minnesota U of M Plan 1</b>	<b>Blue Cross Blue Shield of Minnesota U of M Plan 2</b>	<b>HealthPartners U of M Plan 1</b>	<b>HealthPartners U of M Plan 2</b>
<b>Medications Delivered in Physician Office Setting and Paid under Medicare Part B</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	80%	80%
<b>Routine Eye and Hearing Exams</b>	100%	No coverage	100%	100%
<b>Outpatient Mental Health</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	100% after \$15 individual/ \$7.50 group	100% after \$20 individual/ \$10 group
<b>Outpatient Chemical Dependency</b>			100% after \$15 copay	100% after \$20 copay
<b>Chiropractic Care</b>			100%	100% after \$20 copay
<b>Podiatry</b>			100% after \$15 copay	
<b>Physical and Occupational Therapy</b>				
<b>Speech and Language Therapy</b>				
<b>Home Health Care</b>			100%	100%
<b>Medical Equipment</b>				
<b>DME Prosthetics</b>	100% after Medicare Part B annual deductible \$226	100% after deductible is satisfied	90%	80%
<b>Hearing Aids</b>	80% for hearing aids every 3 years	No coverage. Discounts available.	\$99/\$199/\$499 copay per hearing aid for up to two per year through TruHearing	\$499/\$699/\$999 copay per hearing aid for up to two per year through TruHearing

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



# 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
<b>Prescription Drugs</b>				
<b>Generic Drugs – Retail</b>	\$10 copay	Preferred generic - \$5 copay Generic - \$10 copay	\$10 copay	Preferred generic - \$10 copay Generic - \$20 copay
<b>Formulary Brand Drugs – Retail</b>	\$30 copay	80% coverage	\$30 copay	\$35 copay
<b>Non-preferred Formulary Brand – Retail</b>	\$50 copay	55% coverage	\$30 copay	\$70 copay
<b>Specialty Drugs</b>	\$50 copay	67% coverage	\$50 copay	75% coverage
<b>Supplemental Drugs</b>	75% coverage	No coverage	Covered at generic and brand copays shown above	Covered at generic and brand copays shown above
<b>Mail Order</b>	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 through preferred mail order pharmacy	3-month supply for 2 copays through preferred mail order pharmacy
<b>Benefits in the Medicare Coverage Gap (between \$4,660 total prescription costs and \$7,400 total out-of-pocket expenses)</b>	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 generic copay • 75% coverage for brand or specialty
<b>Catastrophic Level (after \$7,400 in total out-of-pocket expenses)</b>	Member cost will be the greater of 5% of drug cost or \$4.15 copay for generic drugs (including brand drugs treated as generic) and \$10.35 copay for all other covered drugs		The above copays or 5% (whichever is less)	Member cost will be the greater of 5% of drug cost (not to exceed copays above) or \$4.15 copay for generic drugs and \$10.35 copay for all other covered drugs
<b>Wellness Benefits</b>				
<b>Fitness Club Membership</b>	Silver Sneakers Fitness Program		Silver Sneakers Fitness Program	
<b>Nurseline</b>	24-hour Nurse Line	24-hour Nurse Line	Free access to registered nurses 24/7 through the CareLine <sup>SM</sup> nurse line	
<b>Dental</b>	N/A	N/A	N/A	
<b>Vision</b>			Up to 35% discount off eyewear	
<b>Other Wellness Benefits</b>	<ul style="list-style-type: none"> <li>• Stop Smoking support</li> <li>• Wellness Discount Marketplace: <a href="http://blue365deals.com/bcbssmn">blue365deals.com/bcbssmn</a></li> </ul>		<ul style="list-style-type: none"> <li>• Free, unlimited number of Virtuwell visits where available.</li> <li>• Healthy discounts on eating services, delivery services, fitness equipment, and much more</li> </ul>	

# 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
<b>Prescription Drugs</b>				
<b>Generic Drugs – Retail</b>	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
<b>Formulary Brand Drugs – Retail</b>	\$25/30 copay	\$25/30 copay	\$30 copay	\$30 copay
<b>Non-preferred Formulary – Retail</b>	\$55/60 copay	\$65/70 copay	\$50 copay	\$60 copay
<b>Specialty Drugs</b>	\$100/\$110 copay	72% coverage	\$50 copay	75% coverage
<b>Supplemental Drugs</b>	Not covered	Not covered	Covered at generic and brand copays shown above	Not covered
<b>Mail Order</b>	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)	
<b>Benefits in the Medicare Coverage Gap (between \$4,660 total prescription costs and \$7,400 total out-of-pocket expenses)</b>	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 \$7,400 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
<b>Catastrophic Level (after \$7,400 in total out-of-pocket expenses)</b>		Member cost will be the greater of 5% of drug cost or \$4.15 copay for generic drugs and \$10.35 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 \$4.15 copay for generic drugs and \$10.35 copay for brand/formulary drugs
<b>Wellness Benefits</b>				
<b>Fitness Club Membership</b>	One Pass Fitness Program		One Pass Fitness Program - over 20,000 clubs nationwide UCare Health Club Savings Program - \$30 per month	
<b>Nurseline</b>	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	
<b>Dental</b>	\$500 dental reimbursement allowance		N/A	
<b>Vision</b>	N/A		\$200 Annual Eyewear allowance	
<b>Other Wellness Benefits</b>	<ul style="list-style-type: none"> <li>• Hearing Aid Discount program</li> <li>• A survey for senior members that is reviewed by nurses in Medica's Care Management area to assess additional needs</li> <li>• Medication Therapy Management (MTM) program provides information and resources to improve medication use and patient care</li> </ul>		<ul style="list-style-type: none"> <li>• \$75 every six months for over-the-counter items</li> <li>• Quit Smoking, plus Disease and</li> <li>• Case Management Programs</li> <li>• Falls Prevention Program</li> <li>• Mammogram Incentive Programs</li> </ul>	

## 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
<b>Travel and Out-of-Area Benefits</b>				
<b>Domestic Travel Benefits</b>	No limitations	No limitations	<ul style="list-style-type: none"> <li>• Broad-based travel benefits available for up to 9 consecutive months.</li> <li>• Assist America support available if more than 100 miles from home. See below for description of services.</li> </ul>	
<b>International Travel Benefits</b>	80% coverage	Emergency care covered at 80%	<ul style="list-style-type: none"> <li>• Emergency and urgently needed care are covered worldwide at 80%.</li> <li>• 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.</li> </ul>	
<b>Option to Live Outside of Service Area</b>	Yes	Yes	Yes	Yes
<b>Maximums</b>				
<b>Annual Out-of-Pocket (Pharmacy copays do not apply)</b>	\$1,033 that includes \$800 plus \$226 Medicare Part B deductible.	This is a high-deductible plan. You must first pay for Medicare-covered costs up to your plan deductible \$2,490 (subject to change in 2023) before the plan begins to pay 100% for approved services and supplies.	\$3,000	\$3,000
<b>Lifetime</b>	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
<b>Travel and Out-of-Area Benefits</b>				
<b>Domestic Travel Benefits</b>	You can see any provider that accepts Medicare and your insurance while out of the Medica service area.		<ul style="list-style-type: none"> <li>• Members can be gone up to six consecutive months—no need to call UCare</li> <li>• Emergency benefits apply</li> <li>• MultiPlan providers will cover benefits the same as in-network providers. If not a MultiPlan provider, other out-of-network office visits will be covered with in-network copay.</li> <li>• Must see provider that accepts Medicare</li> <li>• 80% for non-emergency services—limited to \$100,000 per year</li> </ul>	
<b>International Travel Benefits</b>	Coverage for emergencies only		Coverage for emergencies only	
<b>Option to Live Outside of Service Area</b>	Yes	Yes	No	No
<b>Maximums</b>				
<b>Annual Out-of-Pocket (Pharmacy copays do not apply)</b>	\$2,000	\$3,250	\$2,800	\$3,000
<b>Lifetime</b>	Unlimited	Unlimited	Unlimited	Unlimited

# Non-Medicare-Enrolled Health Plans

**Plans available** are the same as active employee plans. See [z.umn.edu/medicalplans](https://z.umn.edu/medicalplans) for plan details. Statements will be mailed to you directly from your medical plan administrator.

Spouse and/or dependent children are only eligible for benefits if retiree is on University retiree benefits or passed away while on University retiree benefits.

## 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](https://z.umn.edu/ohrwellbeing) to learn more, and begin participating.

## 2023 Monthly Rates

### Retiree or Disability Status Only / Spouse Under Age 65 Only / One Dependent Child Only

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities and Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$803.87	\$845.54
Medica ACO Plan: Crookston area, Duluth area and parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$760.24	\$801.91
Medica Choice National	\$997.29	\$1,038.96
Medica HSA	\$727.16	\$768.83

### Retiree or Disabled Status and Children / Spouse Under Age 65 and Children / Two or More Dependent Children Only

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities and Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$1,423.13	\$1,464.80
Medica ACO Plan: Crookston area, Duluth area and parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$1,344.54	\$1,386.21
Medica Choice National	\$1,756.32	\$1,797.99
Medica HSA	\$1,273.95	\$1,315.62

### Retiree or Disability Status and Spouse With or Without Children

Plan	Wellbeing Rate	Standard Rate
Medica Elect/Essential: Twin Cities and Duluth Base Plan Medica Choice Regional: Greater Minnesota Base Plan	\$2,130.02	\$2,192.52
Medica ACO Plan: Crookston area, Duluth area and parts of northeastern Minnesota, Rochester area, Twin Cities metro area	\$2,016.61	\$2,079.11
Medica Choice National	\$2,629.76	\$2,692.26
Medica HSA	\$1,966.73	\$2,029.23



# Dental Plan

## 2023 Monthly Rates—Retirees of All Ages/Participants on Disability Status

You pay the total cost.

### Retiree or Disability Status Only / Surviving Spouse Only / One Surviving Dependent Child Only

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

### Retiree or Disability Status and Children / Surviving Spouse and Children / Two or More Surviving 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 over 1,800 dentists in the local service area and 113,500 dentists in the United States covered under this plan. The plan does not cover composite fillings in the back of the mouth.

**Delta Dental Premier** has a larger network with more than 2,800 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 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 on 50% of the Allowed Amount.**

If you use an out-of-network provider, you will receive significantly 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](http://www.deltadentalmn.org/uofm)

# Dental Plan Comparison

Plan	DELTA DENTAL PPO	DELTA DENTAL PREMIER	
	In-network coverage only	In-network	Out-of-network
<b>Diagnostic and Preventive Care</b>	100% coverage	100% coverage	50% of Allowed Amount coverage
<b>Basic Restorative Care</b>	Anterior resin restorations paid at 80%. *Posterior resin restorations (white fillings on back teeth) paid as an amalgam	80% coverage	After \$125 annual deductible, 50% of Allowed Amount coverage
<b>Major Restorative Care</b>	50% coverage	50% coverage	No coverage
<b>Emergency Services</b>	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
<b>Orthodontics</b>	80% coverage	80% coverage	50% of Allowed Amount coverage

For all 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

- Fillings (customary restorative materials) based on Plan:
  - » 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 that involves acute pain
- A dental condition that 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. When the charges of an out-of-network provider are higher than the Allowed Amount, the member is generally responsible for the difference.

# 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 everyone with prescription drug coverage who is eligible for Medicare. In addition, the University sends this notice to people who are approaching Medicare eligibility. This notice can also be found in the Medical Summary of Benefits. Medicare entitlement includes those who qualify for Medicare because of a disability or end-stage renal disease, as well as people over age 65.

Please read this 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 Medical Program for employees, early retirees, disabled, and COBRA participants (and dependents) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. 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. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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 employee Medical Program is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing employee Medical coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

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.

## **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current employee Medical Program coverage will not be affected. Your current employee Medical Program coverage will be the secondary coverage, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current employee Medical Program prescription drug coverage for retirees over age 65, be aware that you and your dependents will not be able to get this coverage back.

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

## When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employee Medical Program and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

## For More Information About This Notice or Your Current Prescription Drug Coverage

Call 612-624-8647 or 800-756-2363 to reach the University of Minnesota Office of Human Resources Contact Center.

**NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the Employee Medical Program changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. When you are approaching age 65, you will also receive information about the University of Minnesota's Retiree Medical Programs for Retirees Over Age 65.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Date:** September 2022

**Sender:** University of Minnesota Office of Human Resources

**Contact:** Office of Human Resources Contact Center

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

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





# University Medical & Dental Request for Continuation of Coverage

Applicant Information *(please print)*



Office of Human Resources

UNIVERSITY OF MINNESOTA

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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)  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)

Primary clinic code is required: \_\_\_\_\_

Medica Choice National

Medica HSA

ACO-VantagePlus with Medica (Twin Cities Only)

ACO-Park Nicollet First (Twin Cities Only)

ACO-Ridgeview Community Network (Twin Cities Only)

Medica Choice Regional (Greater Minnesota Only)

ACO-Altru & You (Crookston Only)

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

ACO-Medica CompleteHealth-Mayo (Rochester 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

Retiree and Spouse with or without Children

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

### 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		

Continue to back to complete application



**Continuation of Group Life Insurance and Health Care Flexible Spending Account**

**Note:** This form is used to enroll in retiree medical and dental only. In order to reinstate group life insurance and/or a Health Care Flexible Spending Account, follow instructions provided in the COBRA notice, which new retirees will receive via U.S. mail from 121 Benefits/BRI. If you'd like to continue University dental and medical benefits, do not elect those benefits on the COBRA notice.

**Billing**

You will be billed directly by the plans for medical and dental coverage. If you reinstate life insurance and/or a Health Care Flexible Spending Account through COBRA, you will be billed by 121 Benefits/BRI.

**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 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 Stature 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 Office of Human Resources 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 Health Program coverage, 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 Office of Human Resources 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 Office of Human Resources 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](mailto:benefits@umn.edu).

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

**Campus Mail:**  
 Office of Human Resources  
 100 DonhoweB  
 Del Code 3122A

**U.S. Mail:**  
 Office of Human Resources  
 100 Donhowe Bldg.  
 319 15th Avenue SE  
 Minneapolis, MN 55455-0103

**Fax:** 612-626-0808  
**Phone:** 612-624-8647  
**Email:** [benefits@umn.edu](mailto: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](mailto:eoaa@umn.edu). Website at [www.eoaa.umn.edu](http://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](mailto: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

UNIVERSITY OF MINNESOTA

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Total Rewards

100 Donhowe

319 15th Avenue SE

Minneapolis, MN 55455-0103

**FOR MORE INFORMATION**

**Contact the Office of Human Resources if you have benefits questions:**

**Email:** [benefits@umn.edu](mailto:benefits@umn.edu)

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

**Office hours:** 8:00 a.m.-4:30 p.m., Monday-Friday