BENEFITS
ANNUAL OPEN ENROLLMENT
FOR FEDERAL EMPLOYEES
Enroll in Benefits for 2023
The University of Minnesota’s annual Open Enrollment, from November 1 to 30, is the one time each year when you can review your University of Minnesota benefits and decide if you need to make any changes. Your Open Enrollment selections become effective on January 1, 2023.

YOUR OPTIONS DURING OPEN ENROLLMENT

Dental Plans
• Enroll in a different plan
• Add eligible dependents to your coverage
• Add or cancel coverage

Flexible Spending Account (FSA)
Whether or not you had an FSA in 2022, you must enroll to have a pre-tax Health Care Flexible Spending Account or Dependent Care Flexible Spending Account for 2023.

Open Enrollment Checklist
Before you go online to enroll, make sure to have this information on hand:
• Your University Internet ID and password to access MyU
• If you are adding family members, their birth dates and Social Security numbers

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 Enrollment” 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 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 the deadline to complete your enrollment and click “Submit” on the “Submit Benefits Choices” page.

Even if you have already submitted your choices, you can go back into MyU again and change your benefit choices. Just make sure you click the final Submit by November 30.

NEED HELP ENROLLING?

Internet ID and Password
For the Twin Cities and anywhere in the state, call 612-301-4357 or email help@umn.edu.

Benefits Enrollment in MyU Is Not Available (down for maintenance)
Sunday: 6:00-9:00 a.m.

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

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

If there are any differences between this guide and the Summary, the Summary 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 eoaa.umn.edu.

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

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

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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 emergencies. There are nearly 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 150,000 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

Allowed Amount is 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.

For more information on Delta Dental PPO and Delta Dental Premier, and to find a dentist:
www.deltadentalmn.org/uofm
### Dental Plan Comparison

<table>
<thead>
<tr>
<th>Plan</th>
<th>DELTA DENTAL PPO In-network coverage only</th>
<th>DELTA DENTAL PREMIER In-network</th>
<th>DELTA DENTAL PREMIER Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>50% of Allowed Amount coverage</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>Anterior resin restorations paid at 80%. Posterior resin restorations (white fillings on back teeth) paid as an amalgam</td>
<td>80% coverage</td>
<td>After $125 annual deductible, 50% of Allowed Amount coverage</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>In-network services provided same as any service; out-of-network services apply $50 deductible, then same as any in-network service</td>
<td>Emergency dental services provided same as eligible dental services</td>
<td>After $125 annual deductible, emergency dental services provided same as eligible out-of-network services. 50% of Allowed Amount coverage</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>80% coverage</td>
<td>80% coverage</td>
<td>50% of Allowed Amount coverage</td>
</tr>
</tbody>
</table>

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 cleansings
- X-rays
- Special periodontics care
- Topical fluoride to age 19
- Space maintainers

**Basic Restorative Care**
- Fillings (customary restorative materials) is based on the 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; and
- A dental condition that requires immediate treatment.
# 2023 Dental Plan Biweekly Rates

## Employee-Only Coverage

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities and Duluth Base Plan</td>
<td>$2.08</td>
<td>$15.28</td>
<td>$17.36</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$2.08</td>
<td>$19.20</td>
<td>$21.28</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities and Duluth</td>
<td>$6.00</td>
<td>$15.28</td>
<td>$21.28</td>
</tr>
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## Employee and Children Coverage

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities and Duluth Base Plan</td>
<td>$19.94</td>
<td>$21.61</td>
<td>$41.55</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$19.94</td>
<td>$30.78</td>
<td>$50.72</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities and Duluth</td>
<td>$29.11</td>
<td>$21.61</td>
<td>$50.72</td>
</tr>
</tbody>
</table>

## Employee and Spouse With or Without Children Coverage

<table>
<thead>
<tr>
<th>Plans</th>
<th>Employee Cost</th>
<th>University Contribution</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO: Twin Cities and Duluth Base Plan</td>
<td>$23.14</td>
<td>$25.06</td>
<td>$48.20</td>
</tr>
<tr>
<td>Delta Dental Premier: Greater Minnesota Base Plan</td>
<td>$23.14</td>
<td>$35.97</td>
<td>$59.11</td>
</tr>
<tr>
<td>Delta Dental Premier: Twin Cities and Duluth</td>
<td>$34.05</td>
<td>$25.06</td>
<td>$59.11</td>
</tr>
</tbody>
</table>

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.
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). 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, 2024, and still reimburse yourself using 2023 FSA funds through March 31, 2024.

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 WEX.
Minimum and Maximum Contribution: $100 minimum / $2,850 maximum
How to Use: Users receive a debit card to use on eligible expenses and submit for reimbursement through the WEX portal available at z.umn.edu/flexspending.
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 https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/.

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 WEX.
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 WEX portal available at z.umn.edu/flexspending.
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 for adult dependents who can’t take care of themselves. View an interactive eligible expense list at https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/.
FOR MORE INFORMATION

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

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