Welcome to the New Employee Health Benefits Enrollment Workshop presentation.
To be eligible for the University of Minnesota UPlan health benefits program, you need to have an eligible appointment.

If your eligible appointment is from 75 to 100% time, you will receive the University contribution toward the cost of the rates for your medical and dental plan.

You are eligible for benefits if your appointment is from 50 to 74% time, but you will pay the full cost of the rates.

As a newly hired employee, your employee medical, dental, and basic life insurance will become effective on the first day of the month following your first day of employment.
Your dependents are eligible for UPlan coverage. This includes your spouse, if you are legally married.

For medical coverage, if your spouse is working full-time for an employer, then he or she must not be receiving either cash or credits in place of medical coverage, or in exchange for medical coverage with a deductible of $750 or greater.
Your dependent children from birth through age 25 are eligible for UPlan coverage.

This includes your unmarried or married biological child, legally adopted child or child placed for the purposes of adoption, a foster child, a stepchild, or other child that state or federal law requires to be treated as a dependent.
If your child is physically or mentally disabled, he or she will continue to be an eligible dependent for UPlan coverage at age 26 or older.

The child who is disabled must either live with you and not provide more than half of his or her own support, or if the child does not live with you, he or she must be at least 50% dependent on you.
Base plans are the UPlan options that offer low rates and copayments for medical and dental plan benefits. For other plan options, your rate includes the additional cost of that plan.

The Base Plans and the medical and dental options available to you differ by Zone or geographic location.

The Base Plans for the Twin Cities and Duluth Zone are Medica Elect/Essential and Delta Dental PPO.

The Base Plans for the Greater Minnesota Zone are Medica Choice Regional and Delta Dental Premier.

If you live in one Zone but work in a different Zone, you may choose your medical or dental plans from either one.
Following are brief descriptions of the UPlan medical options.

**Medica Elect/Essential** is the base plan and low cost option for the Twin Cities, surrounding areas, and Duluth. Family members may select their own primary care clinic from either a Medica Elect or Medica Essential care system. You’ll need to have the clinic number for your primary care provider when you enroll. You can find the number in the provider directory.

**Medica Choice Regional** is the base plan and low cost option for Greater Minnesota including the Crookston, Morris, and Rochester campuses. This is an open access plan, which means you do not have to select a primary care clinic when you enroll, and you may see any specialist in the Choice statewide network without a referral.

**Medica ACO Plan** requires that you live in the 11-county Twin Cities metro area in order to select the ACO Plan. In this plan you select one of the four Accountable Care Organizations, which are networks of primary care and specialty care providers who work together to coordinate your care.
**Medical Plan Options**

- **Medica Choice National**: An open access plan with a large statewide and national network that allows you to go to any provider without a referral.
- **Medica HSA**: A consumer-driven health plan with a high deductible and a health savings account that uses the Medica Choice statewide and national network.
  - When enrolling during the year, the University contributes a prorated amount of the $750 for employee-only coverage and $1,500 for the family coverage tiers into your health savings account. The total deductible is $1,500 for employee-only coverage and $3,000 for the family coverage tiers.

**Medica Choice National** is an open access plan with a large statewide and national network. Open access means you do not have to select a primary care clinic when you enroll, and you may see any specialist in the Medica Choice network without a referral.

**Medica HSA** is a consumer driven health plan with a high deductible and a health savings account. This plan is also open access and uses the Medica Choice statewide and national networks. When enrolling during the year, the University contributes a prorated amount of the $750 for employee-only coverage and $1,500 for either tier of family coverage into your health savings account. The total in-network and out-of network deductible amount for employee-only coverage is $1,500 and $3,000 for either tier of family coverage.
### Medical Plan Benefits

- Provides regular medical care for the diagnosis and treatment of most illnesses and injuries
- Covers in-network preventive care at 100%
- Provides physician and hospital care on a worldwide basis, subject to copays
- Covers pre-existing conditions without limitations
- Provides the same coverage for emergency and urgent care in-network or out-of-network, subject to copays
- Provides out-of-network coverage at a 70% coinsurance level after $600 deductible
- Provides in-network travel program benefit

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All of the medical plan options provide regular medical care for the diagnosis and treatment of most illnesses and injuries.

In-network preventive care is covered at 100%. Also covered at 100% are counseling and supplies required under the Affordable Care Act.

The plans cover pre-existing conditions without limitations for you and your dependents.

Emergency and urgent care have the same coverage level for in-network or out-of-network services, subject to copays.

The medical plans provide out-of-network coverage at 70% coinsurance after meeting the $600 deductible.

The medical plans also provide an in-network travel program benefit, which means that when you are traveling away from home you may still receive in-networks benefits when you use a provider in the designated network.
Prime Therapeutics is the pharmacy benefit manager for the UPlan. Your enrollment in Prime Therapeutics is made automatically with your medical plan selection.

There are three cost tiers for pharmacy copayments: $10 Generic Plus, $30 Formulary brand, and $75 Non-formulary brand.

Prime Therapeutics’ network includes a variety of pharmacies including popular pharmacy chains, as well as independent pharmacies and hospital pharmacies.

Fairview Specialty Pharmacy is the exclusive provider of most specialty medications. Fairview offers additional support and education to members who need to use specialty medications, which are prescribed for complex or ongoing medical conditions and usually are not stocked at retail pharmacies.

You will receive a separate pharmacy benefit ID card from Prime Therapeutics that you also use for Fairview Specialty Pharmacy.
The Wellness Program designs and delivers programs to support wellness at work and in the home.

The Wellness Program year runs from October 1, 2014, to August 31, 2015.

By participating in Wellness Program activities and earning the required number of wellness points during the program year, you can earn a reduction in your medical program rates for 2016.

For the Employee-only or Employee and Children tiers, you must earn 400 points to receive a $400 rate reduction.

For the Employee and Spouse with or without Children tier, you must earn 600 points to receive a $600 rate reduction.

You are encouraged to take the online UPlan wellness assessment annually to identify your health risk factors.

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The Wellness Program year runs from October 1, 2014, to August 31, 2015.

By participating in Wellness Program activities and earning the required number of wellness points during the program year, you can earn a reduction in your medical program rates for 2016.

If you are in the Employee-only or Employee and Children coverage tier, you must earn 400 wellness points to earn a $400 rate reduction. For the Employee and Spouse with or without Children coverage tier, you must earn 600 points to receive a $600 rate reduction.

You are encouraged to take the UPlan Wellness Assessment annually to identify your health risk factors. The assessment is a short, online questionnaire.
Wellness activities include the Fit Choices program that earns wellness points and credits $20 toward your club membership dues when you exercise at least eight times per month.

Earn more points toward reducing your 2016 medical premium by participating in program options such as:
- Biometric health screening
- Weight management
- Health coaching in person or by telephone
- Step It Up! walking program
- Bicycle commuter program
- Medication Therapy Management

Wellness activities include the Fit Choices program that earns wellness points and credits $20 toward your club membership dues when you exercise at least eight times per month.

Earn more points toward your goal by participating in other programs such as biometric health screening, weight management, health coaching, walking, bicycle commuting, and medication therapy management. You can find more options and the points attached to the activities on the Wellness website.
If you are a new employee hired during the year, you may have different deadlines for completing the wellness assessment and other activities.

If your benefits are effective before April 1, 2015, you must complete the wellness assessment by March 31 and earn all 400 or 600 points by August 31, 2015.

If your benefits become effective between April 1 and June 1, 2015, you must complete the wellness assessment and earn all 400 or 600 points by August 31, 2015.

If your benefits become effective on either July 1 or August 1, 2015, you must enroll in benefits within 30 days of your hire date and complete the wellness assessment by September 11, 2015.

If your benefits become effective on September 1 or later, you can earn wellness points starting October 1, 2015, for the following plan year.
Delta Dental PPO is the base plan for the Twin Cities area and Duluth. It is a limited network-only plan with no out-of-network coverage except for emergency care.

Delta Dental Premier is the base plan for Greater Minnesota. It has the largest network in Minnesota and nationwide. Out-of-network coverage is available at a reduced benefit level.

University Choice is open access with no network restrictions for choosing a dentist. You can reduce balance billing and out-of-pocket costs by using a Delta Dental network provider.
UPlan HealthPartners Dental is a limited network-only plan with no out-of-network coverage except for emergency care.

UPlan HealthPartners Dental Choice is a broad network plan that also offers out-of-network coverage at a reduced benefit level.

UPlan HealthPartners Dental is a limited network-only plan with no out-of-network coverage with the exception of emergency care.

UPlan HealthPartners Dental Choice is a broad network plan that also has out-of-network coverage at a reduced benefit level after a deductible.
All five dental plans have a benefit maximum of $1,800 per person per plan year.

You do not need to select a dentist when you enroll.

In-network care is provided at the following levels:

- 100% coverage for diagnostic and preventive care
- 80% coverage for basic restorative care: fillings, sealants, root canal therapy, and restorative crowns
- 50% coverage for major restorative care: bridgework, implants, and dentures
- 80% coverage for orthodontics for dependents up to age 19 with a separate $2,800 lifetime maximum
The University offers two pre-tax flexible spending accounts: Health Care has a contribution maximum of $2,550 and Dependent Daycare has a family contribution maximum of $5,000.

Your flexible spending account is effective from the first pay period following completion of your online enrollment.

The contributions are taken on a pre-tax basis, which saves at least 30% of each dollar because you are not paying income tax on that money.

The amount that you choose is divided by the number of pay periods remaining in the year, and an equal amount is withheld from each paycheck.

You may file claims for expenses incurred beginning on or after your effective date of coverage through March 15 of the following year.
For the Health Care FSA, eligible expenses include out-of-pocket medical, pharmacy, or dental copays and deductibles, vision care, over-the-counter medications with a prescription, and health care services received outside your provider network.

For the Dependent Daycare FSA, eligible expenses include child care costs for eligible dependent children up to age 13 or daycare expenses for a spouse or parent who lives with you and is mentally or physically incapable of self-care.

Per IRS guidelines, the flexible spending accounts are “use it or lose it” accounts. For this reason, calculate your expenses carefully before making your election.

You must make a new election during the annual Open Enrollment to participate in the FSA the following year.

Both accounts are administered by ADP Benefit Solutions, which provides real-time, secure online access to your FSA claims information and spending account summary.
The Employee Basic Term Life Insurance is 115% of your annual base salary, rounded to the next $1,000 (if not already a multiple thereof) with a maximum of $200,000. If your appointment is less than 100% time, the amount is based on your part-time salary. Premium cost is paid by University if your appointment is 75% time or greater. You pay full cost if your appointment is between 50% and 74% time. You may designate specific beneficiaries.

The University pays the premium cost for basic life insurance if your appointment is 75% time or greater.

You pay full cost if your appointment is between 50% and 74% time.

You may designate specific beneficiaries. If you have no named beneficiary, Minnesota Life would pay the death benefit in the following order of priority:

1. your lawful spouse, if living; otherwise,
2. your natural or legally adopted children in equal shares, if living; otherwise,
3. your parents in equal shares, if living; otherwise,
4. the personal representative of your estate.
You pay the full cost of the premium for optional, additional life Insurance for yourself, your spouse, and children.

You can enroll without evidence of insurability within the first 30 days of employment for specific amounts of optional coverage.

For you and your spouse, rates are based on age and amount of elected coverage, whereas child life has a flat rate that covers all eligible children.
The voluntary, employee-paid Short-term Disability coverage is provided and administered by Cigna.

Short-term disability insurance provides you with income protection if you are disabled and unable to work due to a non-work related injury, physical disease, pregnancy, or mental disorder.

You can elect an amount to replace up to 66-2/3% of your monthly salary in increments of $100, but not more than $5,000 per month.

You will receive income replacement benefits from the first day of disability due to a covered injury or the eighth day of a disability due to sickness or pregnancy for up to 180 days for any one period of continuous disability.
The voluntary, employee-paid Long-term Disability coverage is administered by Cigna.

This coverage is only available to civil service and labor-represented employees. Faculty and P&A staff have a separate plan.

You can elect an amount to replace up to 60% of your salary but not more than $5,000 per month.

Long-term disability insurance provides you with income protection after you have been continuously disabled for 180 days and remain disabled.

Coverage continues as long as you are certified disabled or until you reach Social Security normal retirement age.

You can apply for long-term disability coverage only within 30 days of your first day of employment or benefits eligibility or during the Open Enrollment period in November.
The University of Minnesota provides paid medical leave and long-term disability benefits to eligible faculty and P&A staff who are unable to perform their work duties due to a certified mental or physical health condition.

The Academic Disability Program is comprised of the following:

- Medical Leave Benefit: replaces your salary for up to three consecutive months and is paid by your department.
- Academic Disability Benefit: replaces 66-2/3 to 100% of your salary during the 4th through 12th month of disability and is paid by the University.
- Long-term Disability Insurance Policy: pays disability benefits up to the Social Security normal retirement age if ongoing disability is certified by Cigna who administers the plan.
Long-term Care Insurance is designed to pay for care that you need when you cannot safely care for yourself for activities of daily living.

The coverage is available through LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan. You complete the enrollment process for this voluntary benefit directly with LifeSecure Insurance Company.

You and your spouse ages 18 to 65 have 90 days from the date of hire to apply for coverage with simplified underwriting.

However, if you are between ages 66 to 79, you can apply for coverage with full underwriting.

All other family members who apply for coverage must also complete full underwriting.
You are eligible for benefits provided by the University of Minnesota because you are either a new employee or in a newly benefits-eligible position.

You must make your benefits elections online in Employee Self-Service for yourself, your spouse, and dependent children within 30 days of employment or benefits eligibility.

Employee Benefits will contact you by email after they have prepared the Employee Self-Service website for you to enroll.
If you are newly hired, your basic employee medical, dental, and life insurance will become effective on the first day of the month following your first day of employment.

If you are a current employee who becomes newly eligible for coverage as a result of an appointment change, your basic employee medical, dental and life insurance will become effective on the first day of the month following the date of the eligible change.

However, if your newly eligible appointment begins on the first day of the month, then your coverage becomes effective on that day.
You can find detailed information about these benefits on the Employee Benefits website. You can also speak to a benefits specialist by calling 4-UOHR (612-624-8647 or 1-800-756-2363) or send an email to Employee Benefits for more information.

Thank you for taking the time to view this presentation to learn about your benefits.