

2024

Employee Open Enrollment Benefits Guide

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Benefits for you + your family

We're pleased to announce our 2024 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. A competitive benefits package is just one way we strive to provide you with a rewarding workplace. Please read the information in this guide carefully.

Open enrollment for 2024 benefits will be Oct. 30 - Nov. 10, 2023

Reminder: To have benefits in 2024, you MUST make your elections during this time. Please note that this is an active enrollment period, which means if you do not take action, you will not have benefits for the 2024 calendar year. Here are the benefits available during enrollment:

- Medical
- Dental
- Vision
- Health Savings Account
- Flexible Spending Accounts
- Life and AD+D
- Voluntary life (employee, spouse, child)
- Long-Term disability
- Legal
- Accident insurance
- Critical illness
- Hospital indemnity

Below are the highlights of what has changed for 2024.

Medical: We will continue to offer four medical plan designs (2 traditional deductible co-pay plans and 2 high deductible health plans (HDHP) with HSAs) and a variety of network options. Medical network availability will continue to be determined based on your home zip code. To help ensure you select the best plan for you and/or your family you will want to review the plan designs and network options to determine what fits your family best.

As the IRS raises the minimum deductible for HDHP plans, our HDHP deductible increase as well. For 2024 our high deductible health plans with HSAs will have deductibles at \$3,400 and \$4,200.

As health care costs continue to rise with inflation and increased government regulation, the cost to provide health care coverage has also increased. The medical premiums

for both the employee and the employer increased on average of 8.7%, which is competitive with other organizations. Increases will vary by network, plan type and tier.

Introducing a new St Louis Area Network that will be administered by Dean Health Plan by Medica. The St Louis Area Network is an exclusive provider organization (EPO), meaning there is no out-of-network coverage with the exception of urgent or emergent care. This network will include providers in Southern IL and St Louis, MO area. Availability for this network will be based on employee's home zip code, if you live in these areas this will be the only network available. Please review the network map in the this guide to determine what network(s) will be available to you.

WellFirst Health is now called Medica. There will be no change to your WellFirst Health benefits or doctors. New name, same great coverage! Visit your [Member Portal](#) anytime to find plan and benefit details.

The medical network formerly called Dean ASO has been rebranded to Dean Health Plan by Medica

For employees that enroll in the Passport or Medica ACO networks, Fit Choices will no longer be available and is being replaced with Lifetime's Digital app. More details about this new program will be communicated early next year.

Dental: We will continue to offer two dental plans, Standard and Plus. Both plans will have 100% preventive coverage no matter what provider you visit. Orthodontics coverage for dependent children ages 8-18 will be available in the Plus plan only.

Based on claims experience the premiums increased 3%. Silver Diamine Fluoride treatments will now be covered 2 times per tooth per calendar year under diagnostic and preventive services.

Both dental plans allow 2 routine cleanings per calendar year; in 2024 additional periodontal cleanings allowed 4 times per calendar year for members with periodontal disease.

Additional Benefit Enhancement: Medica will add Juneteenth as a holiday beginning in 2024.



Benefits for you + your family

Who's Eligible?

Employees working at least 20 hours per week and their eligible dependents can participate in the Medica benefits program.

Generally, for the Medica benefits program, dependents are defined as:

- Your spouse or domestic partner
- Dependent(s) up to age 26

When can I make my 2024 elections?

Open enrollment for 2024 benefits will be Oct. 30 - Nov. 10, 2023. Elections should be made in Employee Self Service (ESS) during this enrollment window.

When is my coverage effective?

The effective date for your benefits will be January 1, 2024.

How do I enroll?

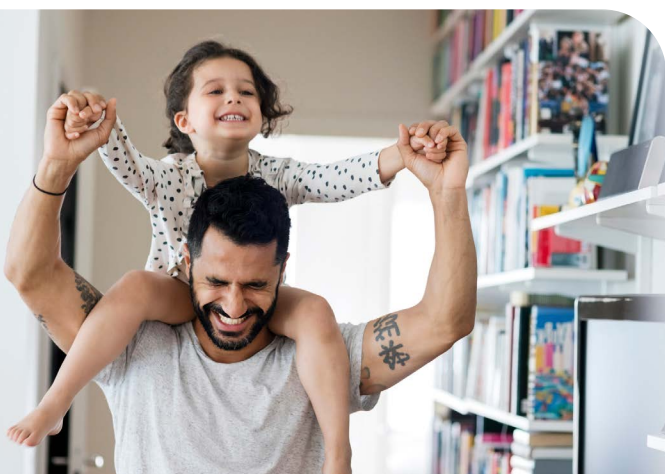
All eligible employees in Employee Self Service (ESS) are required to complete the enrollment process, even if you do not wish to elect benefits.

Changing coverage during the year

You can change your coverage during the year when you experience a qualified life event such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 31 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

This brochure summarizes the benefit plans that are available to Medica eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.





Medical networks

You have several networks available. A provider network is a group of doctors, hospitals, and other health care providers contracted to provide services to members for less than their usual fees. You receive your highest level of benefits when you see providers in your plan's network. Your network options are described below:

Medica Choice Passport

Medica Choice® Passport is an easy-to-use plan with a large, national network. You can visit any doctor, clinic or facility in the network without a referral. This network option is unavailable to employees in the Dean Health Plan by Medica, Prevea360 and St Louis Area.

VantagePlus with Medica (ACO)

VantagePlus with MedicaSM lets you connect with providers you know and trust. The network includes M Health Fairview, North Memorial Health, and many popular independent clinics in the Twin Cities metro area.

Park Nicollet and HealthPartners Medical Group First with Medica (ACO)

Park Nicollet and HealthPartners Medical Group First with MedicaSM connects you with the providers you know and trust in the Twin Cities metro area, from your neighborhood clinics, specialty centers and Park Nicollet Methodist Hospital.

Ridgeview Community Network powered by Medica (ACO)

Ridgeview Community Network lets you connect with providers you know and trust in the Twin Cities west metro area. Plus, we'll provide a Network Navigator to offer extra help when you need it.

Clear Value with Medica (ACO)

Clear Value with MedicaSM provides the combined strength of Medica and Hennepin Healthcare as a care system with a nationally recognized Level 1 Adult and Pediatric Trauma Center, eight primary care clinics, and 60 specialty clinics located in Minneapolis and across Hennepin County.

Altru & You with Medica (ACO)

Altru & You with MedicaSM promises to provide an excellent health care experience. Our friendly, compassionate and professional staff deliver care in more than 30 communities in northeastern North Dakota and northwestern Minnesota, with additional specialists available through virtual visits.

Essentia Choice Care with Medica (ACO)

Essentia Choice Care with MedicaSM combines the strengths of Medica and Essentia Health working together to make a healthy difference in your life. We partner with thousands of providers in northern Minnesota, eastern North Dakota and northwestern Wisconsin to deliver care in a meaningful and respectful way.

Dean Health Plan by Medica

The Dean Health Plan by Medica Network provides access to SSM Health and other key provider partners in southern Wisconsin who come together to coordinate care and eliminate unnecessary costs. Should you have a dependent that resides outside of the Dean Health Plan service area, you must apply to have their medical claims covered as out-of-area by accessing the online form here: **MO-Central**. **Your application must be approved before out of area claims will be covered.** The form must be resubmitted and approved each plan year.



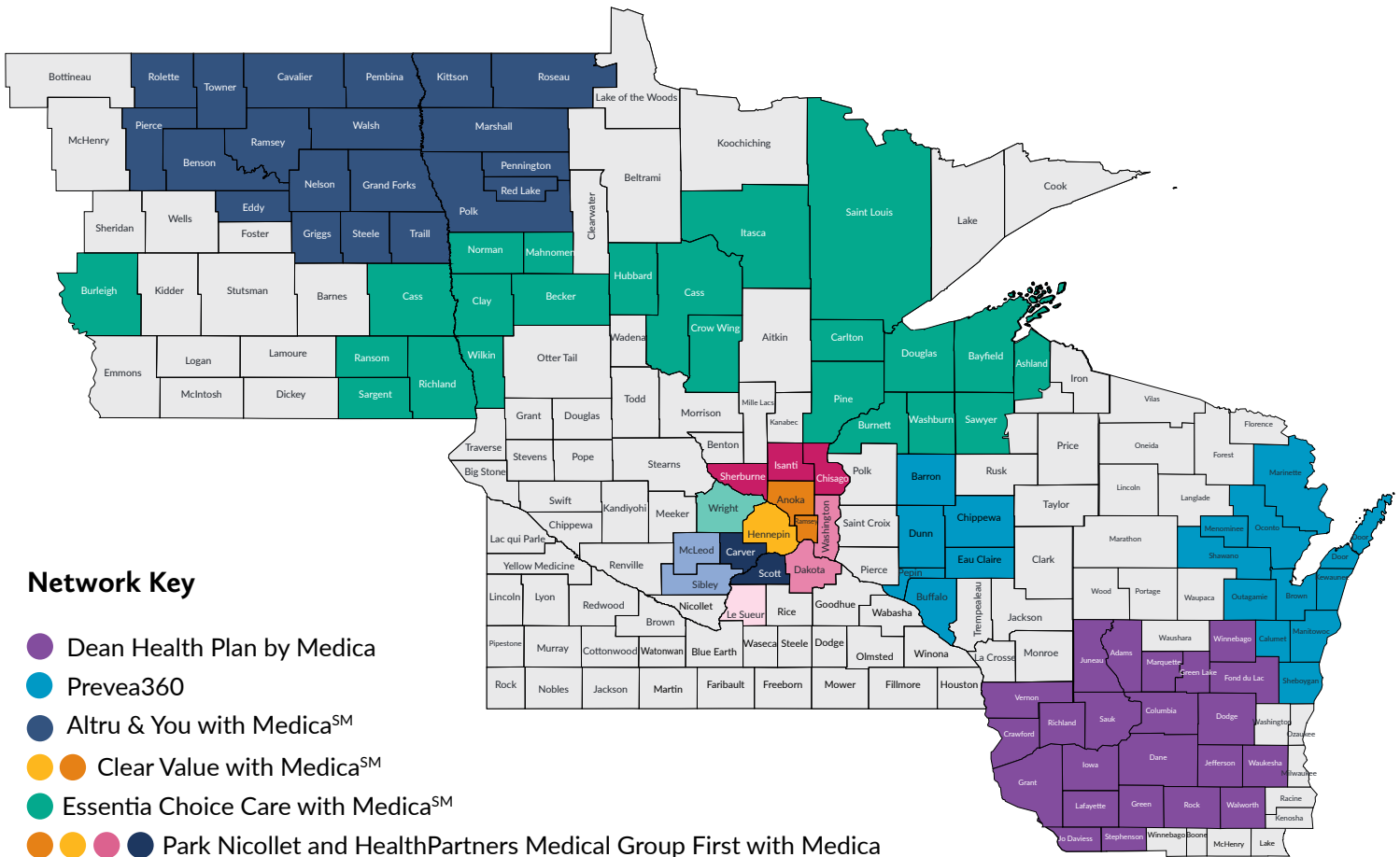
Prevea360

The Prevea360 Network provides access to Prevea Clinic, Hospital Sisters Health System (HSHS) and other key provider partners in northwestern and northeastern Wisconsin who come together to coordinate care and eliminate unnecessary costs. If you have a dependent that resides outside of the Prevea360 service area, you must apply to have their medical claims covered as out-of-area by accessing the online form here:

MO-Central *Your application must be approved before out of area claims will be covered.* The form must be resubmitted and approved each plan year.

St Louis Area

The St. Louis Area Network provides access to SSM Health and other key provider partners who come together to coordinate care and eliminate unnecessary costs. If you have a dependent that resides outside of the St Louis Area Network service area, you must apply to have their medical claims covered as out-of-area by accessing the online form here: **MO-Central**. *Your application must be approved before out of area claims will be covered.* The form must be resubmitted and approved each plan year.



Network Key

- Dean Health Plan by Medica
- Prevea360
- Altru & You with MedicaSM
- Clear Value with MedicaSM
- Essentia Choice Care with MedicaSM
- ● ● Park Nicollet and HealthPartners Medical Group First with Medica
- ● ● ● ● Ridgeview Community Network[®] powered by Medica
- ● ● ● ● ● VantagePlus with MedicaSM

We also offer a St Louis Area Network. If you live in Southern Illinois or in the St Louis, Missouri area please use the **Find a Doctor** tool.



Medical benefits overview

There are four plan designs available with several different network options. To see what a plan covers, check the plan's Summary of Benefits and Coverage. Please note the summary below is for in-network services.

	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Benefit coverage	In-network benefits	In-network benefits	In-network benefits	In-network benefits
Annual deductible				
Individual	\$500	\$1,500	\$3,400	\$4,200
Family	\$1,500	\$4,500	\$6,800	\$8,400
Member Coinsurance	20%	20%	20%	20%
Maximum out-of-pocket				
Individual	\$3,500	\$4,000	\$6,000	\$7,500
Family	\$7,000	\$8,000	\$12,000	\$15,000
Physician office visit				
Primary care	\$40 copay	\$40 copay	20% after deductible	20% after deductible
Specialty care / chiropractic	\$40 copay	\$40 copay	20% after deductible	20% after deductible
Preventive care				
Adult periodic exams / well-child care	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived
Diagnostic services				
X-ray	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Lab	100% deductible waived	100% deductible waived	20% after deductible	20% after deductible
Complex radiology	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent care facility	\$40 Copay	\$40 Copay	20% after deductible	20% after deductible
Emergency room	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient / outpatient Facility charges	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Mental health / substance abuse				
Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient	\$40 Copay	\$40 Copay	20% after deductible	20% after deductible

Out-of-network benefits for all networks except Dean Health Plan by Medica, Prevea360, and St Louis area network

Deductible (Individual/Family)	\$3,000/\$9,000	\$6,800/\$13,600	\$8,400/\$16,800
Coinsurance (After deductible)	40%	40%	40%
Out-of-Pocket Max (Individual/Family)	\$9,000	\$12,000/\$24,000	



Pharmacy benefits overview

The plan benefits and networks determine how things are covered, what pharmacy benefit manager will administer your coverage, Navitus or Express Scripts and what your share of the costs will be. For example, whether the plan has a deductible and/or coinsurance. To see what a plan covers, check the plan's Summary of Benefits and Coverage. Please note the summary below is for in-network services.

	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Benefit Coverage	In-network benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits
Retail Pharmacy (31-Day Supply)				
Generic (Tier 1)	\$15 copay	\$15 copay	20% after deductible / No charge for preventive medications	20% after deductible / No charge for preventive medications
Preferred (Tier 2)	\$55 copay	\$55 copay	20% after deductible / No charge for preventive medications	20% after deductible / No charge for preventive medications
Non-Preferred (Tier 3)	\$100 copay	\$100 copay	40% after deductible	40% after deductible
Preferred Specialty (Tier 4)	20% \$200 max copay	20% \$200 max copay	20% after deductible / \$200 max copay	20% after deductible / \$200 max copay
Mail Order Pharmacy (93-Day Supply)				
Generic (Tier 1)	\$30 copay	\$30 copay	20% after deductible / No charge for preventive medications	20% after deductible / No charge for preventive medications
Preferred (Tier 2)	\$110 copay	\$110 copay	20% after deductible / No charge for preventive medications	20% after deductible / No charge for preventive medications
Non-Preferred (Tier 3)	\$200 copay	\$200 copay	40% after deductible	40% after deductible
Preferred Specialty (Tier 4)	Not Covered	Not Covered	Not Covered	Not Covered

Please verify your prescription drug coverage on the website prior to electing a medical plan. If you enroll in a Dean Health Plan by Medica, St. Louis Area Network, Prevea360 network plan, your pharmacy benefits will be administered through Navitus. If you enroll in a Medica network plan, your pharmacy benefits will be administered through Express Scripts.





Employee contributions – medical plans

Employee contributions (per pay period)				
Clear Value	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Employee only	\$40.56	\$25.77	\$4.00	\$0.00
Employee + spouse	\$105.39	\$74.70	\$29.19	\$20.57
Employee + child(ren)	\$93.60	\$63.34	\$20.77	\$19.03
Family	\$149.95	\$107.89	\$32.58	\$29.90
Park Nicollet/Ridgeview/Essentia	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Employee only	\$72.70	\$55.73	\$5.78	\$0.00
Employee + spouse	\$172.04	\$136.85	\$33.62	\$21.86
Employee + child(ren)	\$158.31	\$123.67	\$22.19	\$20.26
Family	\$238.43	\$191.57	\$50.46	\$31.80
Vantage / Altru	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Employee only	\$79.68	\$62.59	\$11.93	\$0.00
Employee + spouse	\$186.51	\$151.07	\$45.66	\$21.86
Employee + child(ren)	\$172.79	\$138.72	\$34.79	\$20.26
Family	\$259.90	\$212.53	\$67.98	\$31.80
Passport	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Employee only	\$112.16	\$106.78	\$47.79	\$20.83
Employee + spouse	\$284.86	\$257.78	\$126.82	\$69.36
Employee + child(ren)	\$263.63	\$230.56	\$112.99	\$56.21
Family	\$413.88	\$367.86	\$181.30	\$102.23
Dean Health Plan by Medica / Prevea360, and St Louis Area Network	500-40-20%	1500-40-20%	3400-20% HSA	4200-20% HSA
Employee only	\$55.80	\$38.05	\$8.48	\$0.00
Employee + spouse	\$142.02	\$93.83	\$32.71	\$22.27
Employee + child(ren)	\$109.05	\$73.55	\$22.43	\$20.61
Family	\$195.28	\$129.34	\$35.22	\$32.36

Medica's contribution toward your premium				
	Employee only	Employee + spouse	Employee + child(ren)	Family
Per pay period	\$308.20	\$631.90	\$601.02	\$924.66

Medica's contribution toward your HSA		
	Employee only	Employee + dependent(s)
Per pay period	\$22.00	\$44.00
Annually	\$572.00	\$1,144.00



Health Savings Account (HSA)

If you enroll in the 3400-20% or 4200-20% medical plan, you qualify for an HSA. You can set up pre-tax deductions into this account to help pay for eligible current and future health care expenses with tax-free dollars.

Eligible expenses include plan deductibles, copays, coinsurance, and other qualified medical, prescriptions, dental and vision expenses.

The Health Savings Account is like a personal savings account to help you save for eligible expenses. Your money rolls over year after year and moves with you if you change health plans or leave employment. When you reach age 65, you can withdraw the money (without penalty) to use for anything.

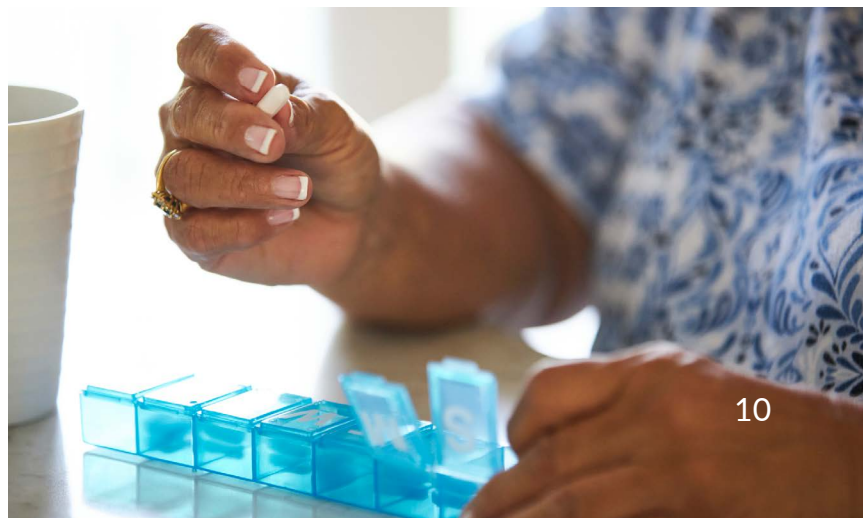
You can use the HSA to invest in your future retirement, invest your balance, or spend it as you incur expenses.

You will get a debit card to pay for eligible expenses using funds from your account. You can also submit claims for reimbursement on the OneSource website anytime.

Medica will contribute to your account every pay period whether or not you contribute.

- \$22 per pay period for employee only coverage (\$572 annually)
- \$44 per pay period for employee + dependent tiers (\$1,144 annually)

The 2024 maximum single contribution limit is \$4,150 and the family maximum is \$8,300. If you're age 55+, there's an option for an additional \$1,000 catch-up contribution.





Flexible Spending Account (FSA)

There are three flexible spending accounts that allow you to set aside money to pay for eligible expenses with pre-tax dollars.

Health Care Flexible Spending Account

This is to be used to pay eligible expenses not covered by a medical, vision or dental plan. Please calculate your annual medical needs prior to electing to ensure you do not elect more than you need. The FSA is a "use it or lose it" account. Medica offers a 2.5-month grace period to allow you to continue to incur expenses after the plan year.

The IRS maximum 2024 contribution limit is \$3,050

Limited Purpose Flexible Spending Account

This is to be used for dental and vision expenses only. Compatible with an HSA account. Please calculate your annual medical needs prior to electing to ensure you do not elect more than you need. The FSA is a "use it or lose it" account. Medica offers a 2.5-month grace period to allow you to continue to incur expenses after the plan year.

The IRS maximum 2024 contribution limit is \$3,050

Dependent Care Flexible Spending Account

Pay for your eligible dependent's care/services while you work.

Who qualifies?

- Children under the age of 13
- Any adult you can claim as a dependent on your tax return or who is physically or mentally unable to care for him/herself

For your Dependent Care FSA to work, use it for these:

- Licensed daycare, nursery, or preschool
- Summer day camp
- Before and after school care
- Eldercare

These accounts operate under the "use it or lose it" rule. IRS regulations do not allow an employer to return the money, so if you do not incur enough expenses to claim all the funds in your account before the end of the year, the remaining amount is forfeited. You can avoid any loss of funds by carefully determining how much to set aside and making sure to file claims.

The IRS maximum 2024 contribution limit is \$5,000

Be sure to carefully review all your plan options before completing the enrollment process.





Medica member wellness programs

Available to those employees enrolled in Passport, Vantage Plus, Park Nicollet, Ridgeview, Essentia, Altru or Clear Value Networks.

On-Demand & Live Virtual Fitness Classes

Life Time is a leading fitness and lifestyle brand in the U.S. that offers an innovative, digital-only fitness benefit, including both on-demand and live virtual classes, digital wellness content, and other features to encourage a healthy lifestyle.

Health Rewards program

Get inspired to make positive changes

Taking steps to improve your health might be easier than you think. Whether you want to stress less, quit smoking or eat more fruits and veggies, My Health Rewards by Medica® makes it fun – and rewarding. You'll earn gift cards as you complete activities.

Health pregnancy & parenting program

Tap into personalized guidance, support, and coaching for your entire parenthood journey with the Ovia Health apps. They give you on-demand support and clinically backed guidance to help you achieve your health goals, whether that's tracking your period, getting pregnant, or navigating pregnancy, postpartum and parental wellness.

Download Ovia Parenting, Ovia Pregnancy or Ovia Fertility from the App Store or Google Play. Enter your employer and health plan information to access all the unique tools and features.



Omada for diabetes and prevention

Coaching and empowerment to reach your goals Help improve your blood glucose control through Omada for Diabetes. When you enroll in the program, you'll receive personalized support and coaching plus a glucose meter and supplies to measure and track blood glucose levels.

Help reduce your risk for chronic disease through Omada for Prevention, a digital lifestyle change program. Combining the latest technology with ongoing personal support, you can make the changes that matter most – whether that's around eating, activity, sleep or stress. It's an approach that can help you lose weight and reduce your risks for type 2 diabetes and heart disease.

24-Hour health support

Trusted answers any time of day or night

Worried that your stomach bug could be serious? Wondering what to do about that cough that won't go away? The advisors and nurses at Medica CallLink® can help. They're available 24 hours a day, 365 days a year to answer your questions and help you make smart decisions about your health. Just call **1 (800) 962-9497** (TTY users, call **711**).

Behavioral health Support

Manage stress, anxiety and depression symptoms

Connect with on-demand help for stress and emotional well-being. Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you – anytime, anywhere with Self Care by AbleTo. Check in, track your progress, and explore personalized content that you can move through at your own pace on your mobile device. Build skills you can use for life to feel better.

To get started, visit [AbleTo.com/Begin](https://www.ableto.com/Begin) and select "Medica" when asked for your access code. After you register, download the AbleTo app.



Dean Health Plan by Medica + Prevea360 plan + St Louis Area Network wellness programs

Available to those employees enrolled in the Dean Health Plan by Medica, St. Louis Area, Prevea360 network.

Wellness events

Each month there are multiple opportunities to engage in educational and supportive wellness discussions and events. The monthly schedule addresses all dimensions of wellness virtually so employees can participate from wherever they are. Events include Book Club, Learning Loft, Move with a Doc, Tobacco Cessation and Wellness Webinars & Video Library.

Wellness resources

Wellbeing is unique for each person. To better support all employees in their interests, we have a variety of resources available, such as Made from Scratch, Preventive Health Toolkits and R.E.A.L Goals.

WebMD resources and rewards

Whether you are working remotely, in the office, or out enjoying nature, you can track and support your wellness journey. Utilizing WebMD, you can take on challenges, assess your current status or learn about a new topic.

Living healthy rewards powered by WebMD

Taking steps to improve your health might be easier than you think. Whether you want to stress less, watch a mental health podcast, learn what preventive services you are due for, or complete an advance directive, Living Healthy Rewards makes it fun – and rewarding. You will earn rewards as you complete activities.

Partner perks

Whether you are looking to hit the gym, get a massage, purchase fitness equipment/device, or are feeling artistic, Partner Perks has a variety of discounts for you in Illinois, Missouri, Oklahoma, and Wisconsin. Not finding what you are looking for? Have your favorite wellness-related business complete an application online to become part of our program.

Nurse Advice Line

Worried that your stomach bug could be serious? Wondering what to do about that cough that won't go away? The advisors and nurses at Nurse Advice Line or Prevea Care After Hours can help. They are available to answer your questions and help you make smart decisions about your health.

If you are enrolled in a Dean Health Plan by Medica call **1 (800) 576-8773** (TTY users, call **711**).

If you are enrolled in a Prevea360 medical plan, call **1 (888) 277-3823** (TTY users, call **711**).

If you are enrolled in a St. Louis Area Network medical plan, call **1 (833) 925-0398**.

Health coach by WebMD

Health Coach by WebMD provides a health coach to high and moderate-risk members with one or more of the following five conditions; asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes (type 1, type 2) and heart failure. Coaching focuses on three key aspects of condition self-management; medication, monitoring your health numbers and lifestyle.





Wellness Programs available for all

Wellthy caregiver services

We care about you and your family. Medica is covering the cost of Wellthy, a service that provides best-in-class caregiving support, so that you can spend more quality time with your loved ones.

For employees taking care of loved ones with complex, chronic, or ongoing care (i.e., parent with dementia, child with autism, spouse with cancer, sibling with a mental health condition, finding childcare), your family can save time, money, and stress with Wellthy.

Join [wellthy.com/medica](https://www.wellthy.com/medica) to watch a quick video, sign up for a one-on-one call to learn more, and read our FAQ for Medica families.

Wellbeats

Wellbeats is your virtual wellness offering to help you live a healthier life. Explore 1,000+ fitness, nutrition, and mindfulness classes for all ages, levels, interests, and abilities. Whether you're an expert at yoga or new to running, looking for ways to eat healthy or only have 5 minutes to unwind, Wellbeats is for everyone.

Go to portal.wellbeats.com on a computer or download the Wellbeats app.

Tuition reimbursement

We offer tuition reimbursement if you're regularly scheduled to work 20 or more hours per week. You're eligible after you've worked here at least 90 days. Your manager and HR must approve your courses before you can be paid back for your tuition.

We offer financial assistance for post-secondary education that will improve or develop your job skills or help prepare you for a promotion.

We'll pay you back up to \$4,800 per calendar year for tuition, books, and directly related course fees such as lab fees. Undergraduate and graduate-level reimbursement is non-taxable income.

Employee assistance program

Sometimes life throws you a curveball. Whether it's financial troubles, personal issues or family problems, we can help. Just call **1 (800) 626-7944** any time of day or night, any day of the year to talk with a counselor. They'll help you find the resources you need to get back on track. Master's-level specialists can help you find answers and resources to tackle the tough issues you and your family face.





Dental insurance

We offer two dental plans, the Standard or Plus-Plan through Delta Dental of Minnesota. You can go to any provider you want, however, the highest level of coverage is through the Delta Dental PPO network. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit coverage	Standard plan		Plus plan	
	Delta Dental PPO™	Delta Dental Premier® and non-participating Dentists*	Delta Dental PPO™	Delta Dental Premier® and non-participating Dentists*
Plan highlights				
Calendar year plan maximum	\$1,500	\$1,000	\$2,000	\$1,500
Individual deductible	\$25	\$50	\$25	\$50
Family deductible	\$75	\$150	\$75	\$150
Waived for preventive care?	Yes	Yes	Yes	Yes
Covered services				
Diagnostic + preventive	100%	100%	100%	100%
Basic	80%	80%	100%	80%
Endodontics/periodontics/ oral surgery	70%	50%	80%	80%
Major restorative	50%	50%	70%	50%
Prosthetics	50%	50%	50%	50%
Orthodontia				
Lifetime maximum	Not covered		\$2,000	\$1,500
Benefit percentage			50%	50%
Dependent child(ren)			Covered	Covered
Adults/Full-time students			Not covered	Not covered

Delta Dental PPO gives you the lowest out-of-pocket costs. Participating dentists in this network agree to accept lower fees for procedures, providing larger discounts that result in savings for you. Delta Dental Premier is the largest dentist network in the country; these dentists have agreed to accept Delta Dental's pre-negotiated fees for dental procedures however, they aren't as low as the Delta Dental PPO network.

Sign in to DeltaDentalMN.org to find a provider or call 1 (800) 448-3815

Dental - standard plan	Employee cost per pay period	Employer cost per pay period
Employee	\$2.97	\$11.86
Employee + spouse	\$5.46	\$21.82
Employee + child(ren)	\$7.56	\$30.25
Family	\$10.05	\$40.20
Dental - plus plan	Employee cost per pay period	Employer cost per pay period
Employee	\$8.53	\$11.86
Employee + spouse	\$15.74	\$21.82
Employee + child(ren)	\$30.13	\$30.25
Family	\$37.35	\$40.20



Vision insurance

Medica provides Vision Insurance through Vision Service Plan (VSP). The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. Your highest level of coverage will be through an In-Network provider. Coverage outside of the network, drastically reduces the benefit.

VSP choice plan		
Benefit coverage	In-network	Out-of-network*
Copay		
Routine exams (annual)	\$10 copay, covered once every 12 months	Up to \$45 reimbursement
Contact lens exam	Copay not to exceed \$60	Up to \$45 reimbursement
Materials copay	\$20 copay	
Vision materials		
Lenses Covered once every 12 months	Benefit varies by type of lens	Reimbursement varies by lens type
Frames Covered once every 24 months	\$220 allowance**; plus 20% off any amount above the allowance	Up to \$70 reimbursement
Contacts (in lieu of glasses) covered once every 12 months	\$220 allowance for elective contact lenses medically necessary are covered in full after copay	Up to \$105 reimbursement for elective Up to \$210 reimbursement for medically necessary
Extra savings		
VSP laser VisionCare SM Program discounts on LASIK, Custom LASIK, and PRK, plus patient education.	Average 15% off or 5% off promotional offer Discounts only available from VSP contracted facilities.	
Additional pairs of glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP provider within 12 months of the patient's last vision exam.	

*Seeing an Out-of-Network provider is always an option.

**\$120 Allowance at Costco Optical; \$220 Allowance at Walmart and Sam's Club Optical

Login to vsp.com to find an in-network provider or call 1 (800) 877-7195

VSP Choice plan	Employee cost per pay period
Employee	\$2.62
Employee + spouse	\$5.50
Employee + child(ren)	\$5.88
Family	\$9.41





Life insurance

Life and Accidental Death + Dismemberment insurance

We provide Basic Life and AD+D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD+D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Life and AD+D

Benefit maximum	1x Earnings to a maximum benefit of \$1,000,000
Guaranteed issue	Full benefit amount

Voluntary life offerings

In addition to the employer paid Basic Life and AD+D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and AD+D Insurance

You may purchase additional Life/AD+D insurance with Hartford Life Group if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. Should you elect voluntary life coverage for yourself, you may also elect coverage for your spouse and/or dependents.

Voluntary Life and AD+D

You	
Benefit maximum	Up to 5x annual salary to a maximum benefit of \$750,000
Guaranteed issue	\$750,000
Spouse	
Benefit maximum	\$25,000 increments up to maximum of \$250,00 (not exceed 100% employee voluntary coverage)
Guaranteed issue	You can elect up to \$100,000 without completing Evidence of Insurability (EOI)
Child(ren): Live birth but not yet 19 years (or 25 years if a full time student)	
Benefit maximum	\$2,000, \$5,000, \$10,000, \$20,000, \$25,000
Guaranteed issue	\$25,000

Voluntary term life insurance

Employee cost per pay period

Age	<25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.0208	\$0.0208	\$0.0249	\$0.0462	\$0.0692	\$0.1062	\$0.1786	\$0.2243	\$0.3614	\$0.648	\$0.648

To estimate your pay period premium amount, use the following formula:
Life Insurance Coverage Amount / \$1000) X Age Rate = Premium

For example, an employee age 45 with an annual salary of \$50,000 elects Employee Voluntary Life at 5X their salary (Life Insurance Coverage Amount = \$250,000) their premium estimate would be as follows:

$$\$250,000 / \$1000 \times .0692 = \$17.30$$



Voluntary Life Offerings (Cont.)

Spouse voluntary term life insurance

Employee cost per pay period

Benefit	<25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$25,000	\$0.52	\$0.52	\$0.62	\$1.15	\$1.73	\$2.65	\$4.47	\$5.61	\$9.03	\$16.20	\$16.20
\$50,000	\$1.04	\$1.04	\$1.25	\$2.31	\$3.46	\$5.31	\$8.93	\$11.22	\$18.07	\$32.40	\$32.40
\$75,000	\$1.56	\$1.56	\$1.87	\$3.46	\$5.19	\$7.96	\$13.40	\$16.82	\$27.10	\$48.60	\$48.60
\$100,000	\$2.08	\$2.08	\$2.49	\$4.62	\$6.92	\$10.62	\$17.86	\$22.43	\$36.14	\$64.80	\$64.80
\$125,000	\$2.60	\$2.60	\$3.12	\$5.77	\$8.65	\$13.27	\$22.33	\$28.04	\$45.17	\$81.00	\$81.00
\$150,000	\$3.12	\$3.12	\$3.74	\$6.92	\$10.38	\$15.92	\$26.79	\$33.65	\$54.21	\$97.20	\$97.20
\$175,000	\$3.63	\$3.63	\$4.36	\$8.08	\$12.12	\$18.58	\$31.26	\$39.25	\$63.24	\$113.40	\$113.40
\$200,000	\$4.15	\$4.15	\$4.98	\$9.23	\$13.85	\$21.23	\$35.72	\$44.86	\$72.28	\$129.60	\$129.60
\$225,000	\$4.67	\$4.67	\$5.61	\$10.38	\$15.58	\$23.88	\$40.19	\$50.47	\$81.31	\$145.80	\$145.80
\$250,000	\$5.19	\$5.19	\$6.23	\$11.54	\$17.31	\$26.54	\$44.65	\$56.08	\$90.35	\$162.00	\$162.00

Child(ren) voluntary term life insurance

Employee cost per pay period

Benefit	\$2,000	\$5,000	\$10,000	\$20,000	\$25,000
Rate	\$0.11	\$0.28	\$0.55	\$1.11	\$1.38



Extended Leave

Long-Term disability insurance

We also offer long-term income protection through The Hartford in the event you become unable to work due to a non-work-related illness or injury. Medica offers a 60% option at no cost to you and employees can buy-up to a 65% benefit. Benefit payments begin after 90-days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Long-term disability		
	Base – LTD 60%	Voluntary – LTD 65%
Elimination period	90-Days	90-Days
Benefit percentage	60% of Base salary	65% of Base salary
Maximum monthly benefit	\$12,000	\$12,000



Voluntary supplemental products

Supplemental Insurance Plans that pay benefits for specific events or illness. These plans cover you and your dependents.

Accident insurance

When an accident turns a good time bad, it can result in pain and expense. Health insurance will help cover doctors' costs and medical treatments. What it doesn't cover is on you. The Hartford's Accident plan(s) will pay a scheduled benefit for treatment, injury or services when a covered member is injured in an accident.

Additionally, there is a Health Screening Benefit of \$50 each year, when you submit proof of an approved Preventive Screening.

Treatment/Service	Detail (Per covered person)	Benefit payment
Accident follow-up	Up to 3 Treatments/accident within 90 Days	\$100
Ambulance - air	Once/accident within 72 Hours	\$1,000
Ambulance - ground	Once/accident within 90 Days	\$400
Blood/plasma/platelets	Once/accident within 90 Days	\$500
Daily hospital confinement	Up to 365 Days/lifetime (Total daily and ICU)	\$300
Daily ICU confinement	Up to 30 Days/accident (365 Days/lifetime)	\$500
Diagnostc exam	Once/accident within 90 Days	\$200
Emergency room	Once /accident within 72 Hours	\$200
Hospital admission	Once/accident within 90 Days	\$2,000
Initial physician office visit	Once/accident within 90 Days	\$100
Lodging	Up to 30 Nights/lifetime	\$200
Physical therapy	Up to 10 Visits/accident within 90 Days	\$50
Rehabilitattion facility	Up to 15 Days/lifetime within 90 Days	\$200
TransportationR	Up to 3 Trips/accident	\$400
Urgent care	Once /accident within 72 Hours	\$100
X-Ray	Once/accident within 90 Days	\$100
Injury/Treatment/Service	Detail (Per covered person)	Benefit payment
Coma (≥ 168 continuous hours)	Once/accident within 90 Days	\$10,000
Paralysis – quadriplegia	Highest benefit once/accident within 90 Days	\$10,000
Paralysis – parapalegia		\$5,000
Prosthesis – single	Highest benefit once/accident within 365 Days	\$1,000
Prosthesis– 2 or more		\$2,000

Coverage level	Employee	Employee + spouse	Employee + child(ren)	Family
Cost per pay period	\$3.06	\$6.12	\$7.22	\$8.79



Critical illness

No one likes being sick. If it's a serious illness, it can affect your life in many ways – emotionally, physically and financially. Critical Illness insurance can make it all easier to handle. Of course, your health insurance will help cover medical expenses, but what about all of your other household bills? Those aren't going anywhere just because you're ill. Critical Illness insurance can help.

Some Things to Remember:

- Major illnesses include cancer, heart attack and stroke – among others
- Critical Illness insurance enhances your traditional medical plan
- When combined with accident or disability, Critical Illness insurance can help you be better prepared to cover out-of-pocket expenses
- Your payment amount will depend on the amount of coverage elected and the diagnosed illness
- Employee can choose between \$15,000 or \$30,000 in coverage; Spouse/Partner and/or Dependent Child(ren) will have 100% of the employee elected coverage

Standard covered illnesses

Cancer benefits + expanded cancer benefits

Invasive cancer – 100% of benefit amount

Non-invasive Cancer – 25% of benefit amount

Vascular benefits

Cardiac arrest – 100% of benefit amount

Coronary artery bypass – 25% - 100% dependent upon severity

Stroke and more – 10- 100% dependent upon severity

Other benefits

Major organ transplants – 100%

Paralysis – 100%

Coma and more – 100%

Recurrence benefits

Up to 100% of benefit amount for specified illnesses.



Employee premiums (per pay period)

Coverage amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$15,000	\$1.80	\$2.08	\$2.56	\$3.18	\$4.29	\$5.95	\$8.03	\$10.66	\$14.61	\$20.28	\$27.90	\$40.43	\$40.43
\$30,000	\$3.60	\$4.15	\$5.12	\$6.37	\$8.58	\$11.91	\$16.06	\$21.32	\$29.22	\$40.57	\$55.80	\$80.86	\$80.86

Spouse premiums (per pay period)

Coverage amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$15,000	\$1.66	\$1.94	\$2.35	\$2.91	\$3.95	\$5.54	\$8.31	\$11.98	\$17.24	\$24.92	\$33.72	\$46.11	\$46.11
\$30,000	\$3.32	\$3.88	\$4.71	\$5.82	\$7.89	\$11.08	\$16.62	\$23.95	\$34.48	\$49.85	\$67.43	\$92.22	\$92.22

Child(ren) premiums (per pay period)

Coverage Amount	All Ages
\$15,000	\$2.42
\$30,000	\$4.85

Hospital indemnity

The added financial stress of being in the hospital can make recovery from an accident or serious illness more challenging. This insurance pays a fixed indemnity benefit for each day a covered person is confined in a hospital for a covered event. These benefits can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or copays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.). Lump sum benefits are paid to the member (or designated beneficiary).

Plan information

Coverage type	24 Hour
Covered events	Illness and injury
Pregnancy coverage	Same as any other illness
Pre-existing condition limitation	Day 1 coverage
HSA compatible	Yes
First day hospital confinement	\$1,250; Once/year
Daily hospital confinement	\$250; Up to 30 days/year
First day ICU confinement	\$2,500; Once/year
Daily ICU confinement	\$500; Up to 30 days/year

Coverage level	Employee	Employee + spouse	Employee + child(ren)	Family
Cost per pay period	\$10.52	\$18.58	\$15.49	\$23.54



Other services

MetLaw

MetLaw gives you your own “attorney on retainer” for just pennies a day. The plan covers any consultation by phone or in person with an attorney in its network. It’s an indispensable benefit if you have legal issues when you get married, have a baby, adopt a child, prepare a will, buy or sell a home, or lose a spouse or a parent. This benefit is administered through MetLife Legal. Additional 4 hours for attorney services for non-covered matters that are not otherwise excluded.





Questions

Please open an HR Service Center Ticket (quick link on Iris) for any benefit questions you may have.

You may also register for an open enrollment individual session by clicking here: [Register](#)

Carrier customer service			
Benefits plan	Carrier	Phone number	Website
Medica Medical Plans	Medica	1 (800) 952-3455	Medica.com/signin
Dean Health Plan by Medica, Prevea360 or St Louis Networks	Dean	1 (833) 942-2159	Mo-central.medica.com/medicaemployees
Dental	Delta Dental of MN	1 (800) 448-3815	Deltadentalmn.org
Vision	Vision Service Plan	1 (800) 877-7195	Vsp.com
Life and AD&D	Hartford Life Group	1 (888) 277-4767	abilityadvantage.thehartford.com
Voluntary Life and AD&D	Hartford Life Group	1 (888) 277-4767	abilityadvantage.thehartford.com
Salary Continuation	Hartford Life Group	1 (888) 277-4767	abilityadvantage.thehartford.com
Long Term Disability (LTD)	Hartford Life Group	1 (888) 277-4767	abilityadvantage.thehartford.com
Accident Insurance	Hartford Life Group	1 (866) 547-4205	Thehartford.com/benefits/myclaim
Critical Illness	Hartford Life Group	1 (866) 547-4205	Thehartford.com/benefits/myclaim
Hospital Indemnity	Hartford Life Group	1 (866) 547-4205	Thehartford.com/benefits/myclaim



Glossary

Coinsurance

The percentage amount you must pay to the provider for benefits received.

Copay

The amount you pay when you receive health care services.

Deductible

The amount you must pay in a year before your health plan begins paying for covered services. The deductible may not apply to all services. For example, in-network preventive care is covered at 100%. Each individual has their own deductible and out-of-pocket maximum.

Network

A group of physicians, hospitals, and other health care providers that has agreed to deliver care to Medica members. If your plan offers out-of-network coverage, those costs will be significantly higher.

Out-of-pocket maximum

The most you would pay in a year for covered services.

Pharmacy Tiers

Medica's preferred Drug List (PDL) contains both brand-name and generic drugs. Drugs on the PDL are placed into tiers. These tiers determine out-of-pocket costs, with Tier 1 having the lowest copayment or coinsurance.

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