



HealthPartners®

2020 RHSC Benefit Summary

Medical Coverage

RHSC pays the majority of premiums, offering the following plan choices:

- Distinctions - Copay Plan
- Distinctions - Low Deductible Plan
- Empower - High Deductible Health Plan (HSA Eligible)

Please see following pages for rates and details.

Dental Coverage

RHSC offers the following plan choices:

- Basic Plan (HealthPartners Dental Group)
- Premium Plan (Distinctions Open Access)

Please see following pages for rates and details.

Flexible Spending Accounts

You may participate in a:

- Health Care Spending Account
- Dependent Care Spending Account

Group Term Life / Accidental Death & Dismemberment

- RHSC provides employee life coverage of \$50,000
- You may purchase additional employee life coverage up to 10 times your annual salary in increments of \$10,000
- You may purchase life insurance for your spouse and your child(ren)
- You may purchase AD&D for yourself and/or your spouse

Disability

- RHSC pays for short-term disability coverage (60% of earnings)
- RHSC pays for long-term disability coverage (60% of earnings)
- You may purchase additional long-term disability coverage (up to 70% of earnings)

401(k)

- You receive an automatic annual employer contribution equal to 5% of your eligible pay
- In addition, employer matches 50% of your contributions, up to 5% of eligible pay. Employer contribution and match are made after the end of the plan year
- You may contribute up to 50% of your eligible pay on a pre-tax basis or after-tax (Roth) basis (\$19,500 annual maximum or up to \$26,000 annually if eligible for catch-up). You are automatically enrolled at 2% pre-tax deferral rate
- You are vested after 3 calendar years, each with 1,000 hours worked

Time Off

- RHSC provides up to 19* days of Personal Time Off (PTO) annually
- You may also purchase up to an additional 10* days off. RHSC provides benefit dollars to pay for up to 5* of those days
- 6 paid holidays each year

**Pro-rated based on date of hire and scheduled hours*

Additional benefits include: Employee Assistance Program, tuition reimbursement and adoption benefit.

Benefit information is presented in a summary format only. See the Advantage Plan Enrollment Guide and the Summary Plan Descriptions for full details.

Dental Plan Options

Dental Coverage

RHSC offers the following plan choices and rates:

Full-time Rates (see full rate sheet for .5 FTE - .79 FTE)

- **Basic Plan (HealthPartners Dental Group)**
 - Single coverage: \$0
 - Family coverage: \$11.45/pay period
- **Premium Plan (Distinctions Open Access)**
 - Single coverage: \$5.48/pay period
 - Family coverage: \$20.17/pay period

Basic Dental

Requires you to receive services at a HealthPartners Dental Group clinic.

Annual Maximum Benefit	\$2,500
Annual Deductible	None
Preventive Exams, Cleanings, X-rays, Fluoride	100%
Sealants	100%
Basic Care Fillings, Periodontics, Endodontics, Oral Surgery	50%
Special Care Crowns, Onlays	50%
Prosthetics Bridges, Dentures, Partial Dentures	50%
Implants	50%
Orthodontics Lifetime maximum dependent children to age 19	50% up to \$2,000 lifetime maximum

Premium Dental – Distinctions Open Access

The Premium option offers you In- and Out-of-Network coverage. In-network coverage includes three tiers of clinics. The clinic you select determines your benefits.

	In-Network Benefit Level I	In-Network Benefit Level 2	In-Network Benefit Level 3	Out-of-Network
Annual Maximum Benefit Combined across tier and out of network	none	\$2,000	\$1,500	\$1,000
Annual Deductible (per person; 3 per family) applies to regular/special restorative care, prosthetic care	none	none	\$25/person \$75/family	\$50/person \$150/family
Preventive Exams, Cleanings, X-rays, Fluoride	100%	100%	100%	80% after deductible
Sealants	100%	100%	100%	80% after deductible
Basic Care Fillings Periodontics Endodontics Oral Surgery	100% 80% 80% 80%	100% 80% 80% 80%	80% after deductible	50% after deductible
Special Care Crowns, Onlays	80%	80%	50% after deductible	50% after Deductible
Prosthetics Bridges, Dentures, Partial Denture Implants	50% 50% after deductible to maximum \$2,500	50% after deductible 50% after deductible to maximum \$2,000	50% after deductible 50% after deductible to maximum \$1,500	50% after deductible 50% after deductible
Orthodontics Dependent children to age 19	50% up to \$2,000	50% up to \$2,000	50% up to \$2,000	No coverage

Benefit information is presented in a summary format only.
See the Advantage Plan Enrollment Guide and the Summary Plan Descriptions for full details.

Medical Plan Options

Distinctions – Copay Plan*				
	----- In-Network -----			Out-of-Network
	Benefit Level 1 (HealthPartners Clinics)	Benefit Level 2	Benefit Level 3	
Annual Deductible	\$0	\$0	\$0	\$200/single \$600/family
Annual Out-of-Pocket Maximum	\$2,500/single \$4,500/family			\$3,500/single \$6,000/family
Preventive Care	100%	100%	100%	No coverage
Office Visit* Illness/injury	100% after \$20 copay	100% after \$30 copay	100% after \$40 copay	70% after annual deductible
Office Visit* Mental Health Chemical health	100% after \$20 copay	100% after \$20 copay	100% after \$20 copay	70% after annual deductible
Office Visit* Chiropractic Care	100% after \$35 copay	100% after \$35 copay	100% after \$35 copay	70% after annual deductible
Lab/x-ray	100% (MRI/CT 80%)	100% (MRI/CT 80%)	100% (MRI/CT 80%)	70% after annual deductible
Therapy Physical, speech, occupational	100% after \$20 copay	100% after \$25 copay	100% after \$35 copay	70% after annual deductible
Urgent Care	100% after \$ 40 copay	100% after \$ 40 copay	100% after \$ 40 copay	100% after \$ 40 copay
Hospitalization- Inpatient Illness/injury, mental and chemical health	100%	100% after \$200 copay per admission	100% after \$300 copay per admission	70% after annual deductible
Hospitalization- Outpatient Surgery	100% after \$40 copay	100% after \$65 copay	100% after \$90 copay	70% after annual deductible
All other outpatient services	100% after \$20 copay	100% after \$30 copay	100% after \$40 copay	70% after annual deductible
Emergency Room	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay
virtuwell™	100%	Not applicable	Not applicable	Not applicable

Distinctions - Copay Plan

With the Distinctions Copay plan, you pay copay based on your provider's or hospital's benefit level and your preferred benefit status.

Plan Features

There is no deductible when you use an in-network provider.

Full-time Rates (see full rate sheet for .5 FTE - .79 FTE)

- **Distinctions - Copay Plan**

- Single coverage: \$57.82/pay period
- Family coverage: \$181.52/pay period

Distinctions - Copay Prescription Drug Plan: **

Tier 1 Pharmacy*** (HealthPartners pharmacies)	Tier 2 Pharmacy (All other network pharmacies)
\$7 copay generic prescription	\$21 copay generic prescription
\$20 copay brand formulary prescription	\$60 copay brand formulary prescription
\$50 copay non formulary prescription	\$100 copay non formulary prescription
\$150 Specialty Formulary	

* Listed in-network copays are based on presumed completion of the employer's Well-being program. The mission of this program is to empower participants to improve their own health and earn discounted healthcare costs by providing free access to tools, programs and resources for living healthier. To earn discounted healthcare costs, eligible participants (including covered spouses) are required each year to take an online Health Assessment and complete a qualifying Well-being program.

** Mail Order Pharmacy prescriptions available – receive a 3 months' supply for 2 copays

*** Tier 1 pharmacy benefits at Park Nicollet and HealthPartners retail pharmacies will end in early 2020.

Medical Plan Options

Distinctions - Low Deductible Plan*				
	----- In-Network -----			Out-of-Network
	Benefit Level 1 (HealthPartners Clinics)	Benefit Level 2	Benefit Level 3	
Annual Deductible*		\$400/single \$800/family		\$800/single \$1,600/family
Annual Out-of-Pocket Maximum		\$2,500/single \$4,500/family		\$3,500/single \$7,000/family
Preventive Care	100%	100%	100%	No coverage
Office Visit Illness/injury	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% after annual deductible
Office Visit Mental Health Chemical Health	90% after annual deductible	90% after annual deductible	90% after annual deductible	50% after annual deductible
Office Visit Chiropractic Care	80% after annual deductible	80% after annual deductible	80% after annual deductible	50% after annual deductible
Lab/x-ray	90% (MRI/CT 80%) after annual deductible	90% (MRI/CT 80%) after annual deductible	90% (MRI/CT 80%) after annual deductible	50% after annual deductible
Therapy Physical, speech, occupational	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% (rehab only) after annual deductible
Urgent Care	80% after annual deductible	80% after annual deductible	80% after annual deductible	80% after annual deductible
Hospitalization- Inpatient/Outpatient Illness/injury, mental health, chemical health, surgery	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% after annual deductible
Emergency Room	80% after annual deductible	80% after annual deductible	80% after annual deductible	80% after annual deductible
virtuwell™	100%	Not applicable	Not applicable	Not applicable

Distinctions - Low Deductible Plan

This is a traditional deductible plan with coinsurance. Your coinsurance percentage will vary based on your physician's or hospital's benefit level.

Plan Features

A limit on annual out-of-pocket expenses protects you from catastrophic claims. Each family member gets up to three discounted office visits. The plan pays the physician's fee each year for visits due to an illness or injury or mental health. Deductibles and coinsurance for lab, radiology and ancillary services still applies. For example, if you visit your clinic for a sore throat, the plan will not charge you for the physician's fees. However, the fees for the strep throat test still apply.

Full-time Rates (see full rate sheet for .5 FTE - .79 FTE)

Distinctions – Low Deductible Plan

- Single coverage: \$21.51/pay period
- Family coverage: \$106.23/pay period

Distinctions – Low Deductible Prescription Drug Plan:**

Tier 1 Pharmacy*** (HealthPartners pharmacies)	Tier 2 Pharmacy (All other network pharmacies)
\$7 copay generic prescription	\$28 copay generic prescription
\$20 copay brand formulary prescription	\$60 copay brand formulary prescription
\$50 copay non formulary prescription	\$100 copay non formulary prescription
\$150 Specialty Formulary	

* Listed in-network copays are based on presumed completion of the employer's Well-being program. The mission of this program is to empower participants to improve their own health and earn discounted healthcare costs by providing free access to tools, programs and resources for living healthier. To earn discounted healthcare costs, eligible participants (including covered spouses) are required each year to take an online Health Assessment and complete a qualifying Well-being program.

** Mail Order Pharmacy prescriptions available – receive a 3 months' supply for 2 copays

*** Tier 1 pharmacy benefits at Park Nicollet and HealthPartners retail pharmacies will end in early 2020.

Medical Plan Options

Empower HDHP (HSA Eligible)*				
	----- In-Network -----			Out-of-Network
	Benefit Level 1 (HealthPartners Clinics)	Benefit Level 2	Benefit Level 3	
Annual Deductible*		\$1,400/single \$2,800/family		\$2,050/single \$4,100/family
Annual Out-of-Pocket Maximum		\$2,000/single \$4,000/family		\$4,000/single \$8,000/family
Preventive Care	100%	100%	100%	No coverage
Office Visit Illness/injury	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% after annual deductible
Office Visit Mental Health Chemical Health	90% after annual deductible	90% after annual deductible	90% after annual deductible	50% after annual deductible
Office Visit Chiropractic Care	80% after annual deductible	80% after annual deductible	80% after annual deductible	50% after annual deductible
Lab/x-ray	90% (MRI/CT 80%) after annual deductible	90% (MRI/CT 80%) after annual deductible	90% (MRI/CT 80%) after annual deductible	50% after annual deductible
Therapy Physical, speech, occupational	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% (rehab only) after annual deductible
Urgent Care	80% after annual deductible	80% after annual deductible	80% after annual deductible	80% after annual deductible
Hospitalization- Inpatient/ Outpatient Illness/injury, mental health, chemical health, surgery	90% after annual deductible	85% after annual deductible	80% after annual deductible	50% after annual deductible
Emergency Room	80% after annual deductible	80% after annual deductible	80% after annual deductible	80% after annual deductible
Prescriptions**	80% after annual deductible	80% after annual deductible	80% after annual deductible	50% after annual deductible

Empower - High Deductible Health Plan (HSA Eligible)

This is a deductible plan with coinsurance. Your coinsurance percentage will vary based on your physician's or hospital's benefit level. This high deductible health plan is designed to pair with a Health Savings Account (HSA). When you choose this plan and set up a HSA, you use HSA money to pay for eligible health care costs on a tax-free basis as long as those expenses are not reimbursed by another source. This plan has a deductible that you must meet before plan coverage takes effect. You may use money in your HSA to help pay for expenses falling under the deductible. Any money left in your HSA at the end of the year rolls over to the next year. If you leave the company, the account remains yours to use for future medical expenses. When you establish your HSA, you may choose from a number of financial institutions. However, if you set up your HSA with Fidelity, you may make pre-tax salary deferral contributions plus you will also be eligible for an employer contribution to your HSA of \$900 for single coverage and \$1,800 for family coverage.

Plan Features

A limit on annual out-of-pocket expenses protects you from catastrophic claims. You may use this plan with a Health Savings Account (HSA).

Full-time Rates (see full rate sheet for .5 FTE - .79 FTE)

Empower – HDHP

- Single coverage: \$21.62/pay period
- Family coverage: \$99.20/pay period

* Listed in-network copays are based on presumed completion of the employer's Well-being program. The mission of this program is to empower participants to improve their own health and earn discounted healthcare costs by providing free access to tools, programs and resources for living healthier. To earn discounted healthcare costs, eligible participants (including covered spouses) are required each year to take an online Health Assessment and complete a qualifying Well-being program.

** Mail Order Pharmacy prescriptions