HealthPartners®

Advantage

Benefits to fit your life 2019

This Benefits Guide conveys important changes to your benefits and is intended to serve as a summary of material modifications. This is merely a summary of your benefits. Where a conflict exists between this Benefits Guide and the plan document, the plan shall control. While your employer intends to continue your benefits for the forseeable future, we reserve the right to modify, amend or terminate benefits at any time.

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How the Advantage Program Works

Available Advantage Program Benefits

Basic Benefits: We automatically provide the following benefits at no cost to you:

- Basic Personal Time Off (PTO)
- Employee Basic Life Insurance - $50,000
- Long-term Disability Insurance (LTD) - 60 percent
- Short-term Disability Insurance (STD) - 60 percent

Optional Benefits: In addition to the basic benefits, the following optional benefits are available to you:

- Medical (three plans to choose from)
- Health Savings Account (HSA) - with Empower (HDHP) Medical Plan
- Dental (two plans to choose from)
- Employee Optional Life Insurance
- Employee Accidental Death & Dismemberment (AD&D) Insurance
- Dependent Spouse Life Insurance
- Dependent Spouse Accidental Death & Dismemberment (AD&D) Insurance
- Dependent Child Life Insurance
- Long-term Disability Insurance (LTD) 70 percent
- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Purchased Personal Time Off (PTO)

Who Can Enroll in the Advantage Program

Employee

The Advantage Program is available to all non-union, eligible employees who are scheduled to work at least 20 hours per week and their eligible dependents.

Dependents

Eligible dependents include:

- Your legal spouse
- Children -

  For the Medical and Dental Plans – Your married or unmarried natural or legally adopted children, your stepchildren (that are children of your spouse), children covered under a qualified medical child support order and your niece, nephew or sibling (provided that you or your spouse is the legal guardian of the niece, nephew or sibling) to age 26. Unmarried grandchildren are also eligible to age 19 or age 25 if a full-time student (generally 12 hours), if he or she resides with you for more than half of the year, and is dependent on you for a majority of his or her financial support. Children over the limiting ages who are mentally or physically disabled may also be covered pending approval of a disability application submitted to Membership Accounting (contact Human Resources for details).

For Dependent Life Insurance – Your natural children, adopted children, children for whom you have assumed and retained a legal obligation for total or partial support in anticipation of adoption, stepchildren, grandchildren and children for whom you are legal guardian. Grandchildren, children for whom you are the legal guardian and stepchildren must reside with you and be dependent upon you for support and maintenance. Children are eligible from live birth (stillborn and unborn children are not eligible) to the attainment of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance.

Affordable Care Act and Your Benefits:

Notwithstanding the above eligibility criteria, your employer intends to extend an offer of coverage to any person determeined to be "full-time" under the Affordable Care Act guidelines. If this impacts you, you will be notified by your employer and offered the opportunity to enroll. For more information on how your employer deterines full-time status, please contact your Human Resources.

If You and Your Spouse Both Work for a Company Covered by the Advantage Program

If you and your spouse both work for a company covered by this plan, neither of you can be covered as both an employee and a dependent. In addition, your dependent children can only be covered under one plan and not both.

When Can I Enroll in Advantage

Newly eligible employees

Newly eligible employees have 31 calendar days from the following to enroll:

- their date of hire
- the date they become eligible for benefits

If you do not enroll within 31 calendar days, your selection will default to:

- Employee Basic Life Insurance ($50,000)
- Basic Long-term Disability (LTD) coverage - 60 percent
- Low Deductible Medical - Single
- Basic Dental - Single
- No Employee Accidental Death & Dismemberment (AD&D) Insurance
- No Employee Optional Life Insurance
- No Purchased Personal Time Off (PTO)
- No Dependent Spouse Life Insurance
- No Dependent Spouse Accidental Death & Dismemberment (AD&D) Insurance
- No Dependent Child Life Insurance
- No contributions to the Health Care FSA
- No contributions to the Dependent Care FSA

Current employees

You elect benefits each year online during annual enrollment. Changes to benefits can also be made if you experience a family or employment qualified status change.

If you choose not to enroll during annual enrollment, benefits for the following year will be the same as those elected for the current year, with the following exceptions:

- No contributions to the Health Care FSA
- No contributions to the Dependent Care FSA
- No Purchased Personal Time Off (PTO)
- No employee contributions to the employee Health Savings Account (HSA), if enrolled in the Empower HSA High Deductible Health Plan.

How to Enroll

Newly eligible employees

You must enroll in benefits within 31 calendar days of your start date or upon becoming eligible for benefits. Changes cannot be made to your benefits during the plan year after 31 calendar days. Exceptions are granted for a family or employment qualified status change.

When You Enroll Your Dependents

If you enroll in family medical coverage, you will be asked to provide certain documents to verify dependent eligibility. For example, if you are enrolling children, you will be asked to submit a government issued birth certificate (or adoption papers if applicable). You will receive more information on this process once you have submitted an application to enroll your dependents.

Family or Employment Qualified Status Changes

During the year, current employees who experience a qualified status change may make certain changes to their benefit elections by contacting Human Resources to make this change. Qualified status changes include:

- The birth or adoption of a child
- The death of a spouse or child
- Marriage or divorce
- Your spouse losing or beginning employment
- You or your spouse taking an unpaid leave of absence
- You gain or lose benefits coverage due to your spouse's employment or another source
- Your child becomes eligible or loses eligibility due to age, student status, marriage, etc.

You may be able to change your elections if you experience certain cost or provider changes to your benefits, or if your benefits changed due to elections made by your spouse during their enrollment period. Contact Human Resources if you believe you are eligible to change, or need additional information, or for appropriate forms.

Any benefit change requests must be received in writing within 31 calendar days of a qualifying event. The requested change must be consistent with the change in status.

How You Pay for Optional Benefits

Many of your benefit contributions will be subtracted from your gross pay before we calculate your federal, state, and Social Security (FICA) withholdings. This is called a pre-tax deduction and it reduces your taxable pay.

All other benefits will be deducted after taxes have been withheld biweekly.

If you elect	Your deduction
Medical	Pre-tax from your biweekly pay ***If you'd like to have it after-tax, contact Human Resources***
Dental	Pre-tax from your biweekly pay ***If you'd like to have it after-tax, contact Human Resources***
Employee Optional Life Insurance	Pre-tax from your biweekly pay ***If you'd like to have it after-tax, contact Human Resources***
Employee Accidental Death & Dismemberment (AD&D) Insurance	Pre-tax from your biweekly pay ***If you'd like to have it after-tax, contact Human Resources***
Long-Term Disability (LTD) - 70 percent	After-tax from your biweekly pay
Flexible Spending accounts (health care and dependent care)	Pre-tax from your biweekly pay
Purchased Personal Time Off (PTO)	Pre-tax from your biweekly pay
Dependent Spouse Life Insurance	After-tax from your biweekly pay
Dependent Spouse Accidental Death & Dismemberment (AD&D) Insurance	After-tax from your biweekly pay
Dependent Child Life Insurance	After-tax from your biweekly pay

Benefit Dollars

In addition to your salary, your employer gives you Benefit Dollars. The Benefit Dollars are real dollars (income) to help offset the cost of your benefits. The amount you receive does not change during the year and is based on your salary.

Employee Optional Life Insurance	The amount of Benefit Dollars you recieve is calculated based on your age and salary as of January 1 of each year calculated at the non-tobacco user rate.
Employee Accidental Death & Dismemberment (AD&D) Insurance	The amount of Bentfit Dollars you receive is calculated based on your salary as of January 1 of each year.
Purchased Personal Time Off (PTO)	You will receive Benefit Dollars to purchase up to a maximum of five days. Benefit Dollars are calculated based on your FTE and hourly rate of pay as of October 1.

The Benefit Dollars listed above are consolidated and appear as Flex Credit in the earnings section of your biweekly pay voucher.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D Insurance plans

- Employee Basic Life Insurance
- Employee Optional Life Insurance
- Employee Optional AD&D Insurance
- Dependent Spouse Optional Life Insurance
- Dependent Spouse Optional AD&D Insurance
- Dependent Child Life Insurance

Life Insurance

The Life Insurance benefit plans help protect you and your family financially. The Plan provides a benefit to your beneficiary if you die from any cause.

Employee Basic Life Insurance

As an eligible employee, you automatically receive $50,000 of Group Term Life Insurance plan at no cost.

Beneficiary

You can choose anyone, except your employer, as the beneficiary of your coverage and you can change beneficiaries at any time. If you name a child or children under age 18, and you die, the proceeds will be placed in an interest bearing account until they reach age 18.

Employee Optional Life Insurance

The Employee Optional Life Insurance plan is designed to help you customize your coverage to fit your needs. Optional Life Insurance is offered in increments of $10,000.

Election Amounts

You may elect amounts of Employee Optional Life Insurance in increments of $10,000, subject to a maximum of the lesser of:

- your annual salary (rounded up to the higher $1,000 if not already a multiple of $1,000) times 10 or
- $1,500,000 Basic Life Insurance and Optional Life Insurance combined

If 10 times your annual salary is not a multiple of $10,000, the maximum amount is determined by rounding your annual salary up to the next higher $1,000 then multiplying by 10.

Cost of Coverage

The cost of your Employee Optional Life Insurance coverage is step-rated based on your age as of January 1 of the plan year, and your tobacco-use status. Tobacco users pay higher life insurance rates than non-tobacco users. A tobacco user is defined as someone who has used nicotine in any form during the previous 12 months or is currently using nicotine in any form.

Employee Optional Life monthly step-rate chart

	Rate per $1,000 per month	
Age	Non-Tobacco	Tobacco
<25	0.027	0.038
25-29	0.027	0.045
30-34	0.034	0.060
35-39	0.038	0.068
40-44	0.065	0.108
45-49	0.113	0.205
50-54	0.173	0.340
55-59	0.302	0.527
60-64	0.460	0.784
65-69	0.716	1.157
70+	1.320	1.957

Employee Optional Life calculation example:
The rate for each $1,000 of life insurance for a 28 year old non-tobacco user is .027 per month.
• non-tobacco user
• age 28
• annual salary $60,000 per year
• elected $100,000 optional employee life insurance

Therefore:
$100,000 (elected amount) divided by $1,000 = $100 multiplied by .027 (monthly rate/thousand) = $2.70 per month or
$2.70 times 12 divided by 26 = $1.25 per pay period.

Benefit Dollars

We give you Benefit Dollars to help offset the cost of your benefits. Employee Optional Life Insurance is one of those benefits. The amount of the Benefit Dollars you receive is equal to the premium cost of coverage (basic plus optional) equal to one and a half times your annual salary. The calculation for Benefit Dollars is based on your age on January 1 of each year and your salary on January 1 of each year.

Benefit Dollars calculation example:
• non-tobacco user
• age 28
• annual salary $60,000 per year
• elected $100,000 optional employee life insurance

The Benefit Dollars you receive to purchase Employee Optional Life Insurance is $1.08 per month ($.50 per pay period) and is calculated by taking your salary times 1 1/2 ($60,000 times 1.5 = $90,000); subtracting the $50,000 company paid basic life insurance ($90,000 - $50,000 = $40,000); dividing by $1,000 ($40); multiplying by .027 (monthly rate/thousand) = $1.08 per month. To calculate the per pay period amount, multiply the monthly amount by 12 then divide by 26 ($1.08 times 12 divided by 26 = $.50 per pay period).

Here's how you tie it all together

In the above example, you have a total of $150,000 of Employee Life Insurance ($50,000 company paid basic plus $100,000 employee paid optional). The deduction per pay period is $1.24. The Benefit Dollars (income) you receive to offset the cost of your benefits is $0.50 per pay period. This means that your actual cost for $150,000 of Employee Life Insurance is $.74 per pay period ($1.24 minus $.50).

Benefit Coverage	Per Pay Period Cost
$50,000 Employee Basic Life Insurance	$ 0 employee cost
$100,000 Employee Optional Life	$1.24 employee pre-tax deduction
Benefit Dollars	$.50 Benefit Dollars income given to you to offset the cost
Total $150,000 Life Insurance	$.74 is your actual cost

Group Term Life Insurance (GTL) Imputed Income

The value of coverage in excess of your Employee Basic Life Insurance ($50,000) that we offer you to purchase is considered imputed income by the IRS, and may be taxable to you. It will be included as taxable income on your W-2. The value is calculated by using an IRS age based step rated table. Detailed information can be found at: **www.irs.gov**.

Evidence of Insurability

There are situations where Employee Optional Life Insurance requires proof of good health also called Evidence of Insurability (EOI). EOI will be required:

Benefit Plan	Evidence of Insurability is required if you
Employee Optional Life	Elect coverage that exceeds the guarantee issue limit The guarantee issue limit (the amount of insurance you can purchase with out EOI) is the lesser of five times your annual salary or $1,000,000, when combining your company paid Basic Life Insurance and your Employee Optional Life Insurance.
	Request an increase of more than $40,000 during annual enrollment or at a status change
	Enroll in Employee Optional Life after you were originally eligible

Employee Optional Accidental Death & Dismemberment (AD&D) Insurance

Employee Optional Accidental Death & Dismemberment (AD&D) Insurance provides a financial benefit if you suffer certain injuries or die as a result of a covered accident. AD&D insurance will pay your beneficiary the full amount if you die as a result of a covered accident. If you suffer certain covered injuries, such as the loss of your sight or the loss of a limb, you may receive a portion of your elected amount. The portion paid for a covered accidental injury benefit varies depending on the extent of the accidental loss.

Election Amounts

You may elect amounts of AD&D insurance in increments of $10,000. Your election is subject to a maximum of 10 times your annual salary or $1,500,000, whichever is less. If 10 times your annual salary is not a multiple of $10,000, the maximum election is determined by rounding your annual salary up to the next $1,000, then multiplying by 10.

Cost of Coverage

AD&D insurance coverage is a flat cost regardless of age. Your rate is $.0163 per month for each $1,000 of coverage you elect.

AD&D calculation example:

- annual salary $60,000 per year
- elected $250,000 optional AD&D

Using the assumption above, $250,000 (elected amount) divided by $1,000 = $250 multiplied by .0163 (rate/thousand) = $4.08 per month. To calculate the per pay period amount, multiply the monthly amount by 12 then divide by 26 ($4.08 times 12 divided by 26 = $1.88 per pay period).

Benefit Dollars

-AD&D calculation example:

- annual salary $60,000 per year
- elected $250,000 optional AD&D

You receive an annual allocation of Benefit Dollars including Employee AD&D insurance. The amount of the Benefit Dollars you receive is the premium cost of coverage equal to $1^{1}/_{2}$ times your annual salary. The calculation for Benefit Dollars is based on your annual salary on January 1 of each year.

Benefit Dollars calculation example:

Using the assumption above, the Benefit Dollars received is $1.47 per month and is calculated by taking your salary times $1^{1}/_{2}$ (60,000 times 1.5 = $90,000); dividing by $1,000 ($90); multiplying by .0163 (rate/thousand) = $1.47 per month.To calculate the per pay period amount, multiply the monthly amount by 12 then divide by 26 ($1.47 times 12 divided by 26 = $.68 per pay period)Ω

Here's how you tie it all together

In the above example you have a total of $250,000 of Employee AD&D. Your deduction per pay period is $1.88. The Benefit Dollars (income) you receive to offset the cost of your benefits is $0.68 per pay period. This means that your actual cost for $250,000 of Employee Optional AD&D is $1.20 per pay period ($1.88 minus $.68).

Benefit Coverage	Per Pay Period Cost
$250,000 Employee Optional AD&D	$1.88 employee pre-tax deduction
Benefit Dollars	$.68 Benefit Dollars income given to offset the cost
Total $250,000 Employee AD&D	$1.20 is your actual cost

Evidence of Insurability

Evidence of Insurability is not required for Employee Optional AD&D Insurance.

Dependent Spouse Optional Life Insurance

This plan is designed to help you customize your coverage to fit your needs. We offer Dependent Optional Life amounts in increments of $10,000. You are automatically the beneficiary of your Dependent Spouse Optional Life Insurance coverage.

Election Amounts

Term Life Insurance is available for your spouse in increments of $10,000, subject to a maximum amount of five times your annual salary or $500,000, whichever is less. If five times your salary is not a multiple of $10,000, the maximum amount is determined by rounding your annual salary up to the next higher $1,000 then multiplying by five.

Cost of Coverage

The cost of your Dependent Optional Life Insurance coverage is step-rated based on your spouse's age as of January 1 of each plan year, and whether your spouse is a tobacco user or not. Tobacco users pay higher life insurance rates than non-tobacco users. A tobacco user is defined as someone who has used nicotine in any form during the previous 12 months or is currently using nicotine in any form. The step-rates for this coverage are the same step-rates as the Employee Optional Life Insurance.

Dependent Optional Life calculation example:
Assumptions:

- spouse
- non-tobacco user
- elected $400,000 Optional Life Insurance

Using the employee optional life insurance table, the rate for each $1,000 of life insurance for a 30 year old non-tobacco user is .044 per month.

Using the assumption above, your deduction per pay period is $6.27. $400,000 (elected amount) divided by $1,000 = $400 multiplied by 0.034 (monthly rate/thousand) = $13.60 per month. To calculate the per pay period amount, multiply the monthly amount by 12 then divide by 26 ($13.60 times 12 divided by 26 = $6.27 per pay period).

Evidence Of Insurability

There are situations where proof of good health, also called Evidence of Insurability (EOI), is required.

Benefit Plan	Evidence of Insurability is required if you
Dependent Spouse Optional Life	Enroll in spouse optional life insurance after you were originally eligible
	Elect coverage that exceeds the guarantee issue limit ($50,000)
	Request an increase of more than$10,000 during annual enrollment or at a family status change.

Dependent Spouse Accidental Death & Dismemberment (AD&D) Insurance

Dependent Spouse AD&D provides a benefit if your spouse suffers certain injuries or dies as a result of a covered accident. If she/he suffers certain covered injuries, such as the loss of sight or the loss of a limb, a portion of the elected amount may be payable. The portion paid for a covered accidental injury benefit varies depending on the extent of the accidental loss.

Election Amounts

Dependent AD&D Insurance is available for your spouse in increments of $10,000. The maximum amount is five times your annual salary or $500,000, whichever is less. If five times your salary is not a multiple of $10,000, the maximum amount is determined by rounding your annual salary up to the next higher $1,000 then multiplying by five.

Cost of Coverage

The cost of your Dependent Spouse AD&D is a flat amount regardless of age. Your rate is $.0163 per month for each $1,000 of coverage elected.

Dependent AD&D calculation example:

Assumptions:

- annual salary $60,000 per year
- elected $250,000 optional AD&D

Using the assumption above, your deduction per pay period is $1.88. $250,000 (elected amount) divided by $1,000 = $250 multiplied by .0163 (rate/thousand) = $4.08 per month. To calculate the per pay period amount, multiply the monthly amount by 12 then divide by 26 ($4.08 times 12 divided by 26 = $1.88 per pay period).

Evidence Of Insurability

Evidence of Insurability is not required for Dependent Spouse AD&D Insurance.

Dependent Child Life Insurance

You can elect Dependent Child Life Insurance for your children.

Election Amounts

Dependent Child Life Insurance is available for your child(ren) in increments of $5,000, from $5,000 to $20,000 of coverage. If enrolled, coverage for children is from live birth (stillborn and unborn children are not eligible) to the attainment of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance.

Cost of Coverage

The biweekly premium deducted from your pay for Child Life Insurance is the same dollar amount regardless of the number of children covered. For example, if you elect $15,000 of Child Life Insurance, $1.44 will be deducted from your biweekly pay, whether you have one covered child or more than one, and each child will have $15,000 of coverage.

Election	Monthly Cost of Coverage	Per Pay Period Cost
$5,000	$1.04	$.48
$10,000	$2.08	$.96
$15,000	$3.12	$1.44
$20,000	$4.16	$1.92

Evidence Of Insurability

Evidence of Insurability is not required for Dependent Child Life Insurance.

Disability Coverage

We offer Short and Long-Term Disability plans should you become disabled and unable to work for a period of time.

Short-Term Disability (STD)

Coverage Amount

If you are disabled and unable to do your job for up to six months, the STD plan will pay you 60 percent of your weekly income up to a maximum of $3,750 per week. When your claim is approved, benefits begin on the eighth calendar day of your disability. Benefits are payable up to 25 weeks or 175 days measured from your date of disability or until you recover, whichever occurs first. Physicians, Chiropractors, and O.D.s should refer to Physician Services for their short-term disability coverage amounts and duration. Dentists should refer to Dental Administration for their short-term disability coverage amounts and duration. Disability benefits will not be paid if your disability is caused by or contributed to by, or results from, a pre-existing condition. A "Pre-existing Condition" means any Injury or Sickness for which medical treatment, care or services including diagnostic measures, prescription drugs or medicines was recommended or received from a licensed medical practitioner within three months before your most recent effective date of insurance.

All LTD claims are subject to the Insurance Company's approval.

Cost of Coverage

We pay 100 percent of your STD coverage. You do not need to elect this coverage. It is automatically provided to you as an eligible employee.

Long-Term Disability (LTD)

Coverage Amount

If you are totally disabled and unable to work for an extended period of time, the LTD plan may provide you a percentage of your income during the time you are unable to work. The LTD plan offers 60 percent or 70 percent of your monthly earnings. Benefit payments begin after you have been disabled continuously for six months to a maximum of $15,000/month. Disability benefits will not be paid if your disability is caused by or contributed to by, or results from, a pre-existing condition. A "Pre-existing Condition" means any Injury or Sickness for which medical treatment, care or services including diagnostic measures, prescription drugs or medicines was recommended or received from a licensed medical practitioner within three months before your most recent effective date of insurance.

All LTD claims are subject to the Insurance Company's approval.

Cost of Coverage

We pay 100 percent of the 60 percent plan premiums. You may buy up to 70 percent coverage with biweekly payroll deductions. The buy-up deductions are made with after-tax dollars. If you are covered under the 70 percent buy-up plan and your claim is approved, a portion of your monthly benefit may be taxable.

There are two LTD plans depending on your employment status. They are:

LTD for eligible employees - excluding physicians, dentists, optometrists and senior staff

If approved, the plan pays you a percentage of your monthly earnings after you are totally disabled and unable to work for at least six months. During the first two years of receiving LTD payments, you are considered "totally disabled" if you cannot work in your own occupation. After two years, you must be deemed unable to work in any occupation you are or could reasonably become qualified to do by education, training or experience to be considered "totally disabled" and receive payments. Generally, the plan will continue to provide you benefits until age 65 or the date you recover, whichever occurs first.

LTD for physicians, dentists, optometrists and senior staff

If approved, the plan pays you a percentage of your monthly earnings after you are totally disabled and unable to work in your occupation for at least six months. Generally, the plan will continue to provide you benefits until age 65 or the date you recover, whichever occurs first.

Order of benefits if you are disabled

If you are absent from work and under a physician's care due to an illness or injury, you may be eligible to receive income continuation.

Calendar days out	Time used	Amount received
1-7	Personal Time Off (PTO) or unpaid time*	100 percent of your pay or unpaid
8-180	STD*	Up to 60 percent of your pay to a maximum of $3,750/week (will be subject to taxes)
More than 180	LTD*	Up to 60 percent or 70 percent of your pay, based on your election to a maximum of $15,000/month (some or all will be subject to taxes)

*If your hire date was before January 1, 1998, or if you have moved from a union to a non-union position, you may have frozen sick hours available to you. If so, you must deplete frozen sick time before STD can begin.

Note: You may supplement your STD with available PTO to equal 100 percent of your pay. Using this time is voluntary.

All STD claims must be approved by the plan's administrator and you must be under a physician's care before payments can begin.

All LTD claims must be approved by the plan's insurance carrier.

Medical & Dental Plans

TYPES OF COVERAGE — MEDICAL AND DENTAL

You can elect from the following levels of coverage.

Coverage Level Choices	Who is covered
Single Coverage	Yourself
Family Coverage	Yourself and eligible dependent(s)
No Coverage	No coverage

Medical

You have three medical plan options which are described below and on the following pages.

Medical Plans	Description
Distinctions℠ Copay Plan	Copayment plan
Distinctions℠ Low Deductible Plan	Low deductible plan with three discounted office visits for illness, injury or behavioral health
Empower℠ HSA High Deductible Health Plan	High deductible plan that is paired with a health savings account (HSA)

be well

be well well-being program – Opportunity for discounted health care costs

The Advantage medical plans are offered with and without a preferred benefit. In order to receive the preferred benefit, you and your spouse (if applicable) must complete the be well well-being program. The preferred benefit affects the copay dollar amounts for the Distinctions Copay plan and the deductible dollar amounts for the Distinctions Low Deductible plan and the Empower High Deductible plan. The preferred benefit is achieved by the completion of an annual confidential health assessment and qualifying well-being program. This must be completed each year by mid-October. The mission of this program is to empower participants to improve their health through free access to tools, programs and resources for living healthier.

- Complete the quick and confidential health assessment
- Enroll in and complete a qualifying well-being program
- Receive the preferred benefit in the following year

If you enroll in single medical coverage, then you must enroll and complete the annual health assessment and a qualifying well-being program to receive the preferred benefit.

If you enroll in family coverage that includes your spouse, then both of you must complete the annual health assessment and a qualifying well-being program in order for all family members to receive the preferred benefit.

If you enroll in family coverage, but do not have a spouse, then only you must complete the annual health assessment and a well-being program.

If you or your spouse, if applicable, elect not to complete the annual health assessment and qualifying well-being program, you will be eligible for the standard benefit level rather than the preferred benefit level.

If you are hired after July 1 of the current year, you will receive the preferred benefit for the remainder of the year in which you are hired and the following year.

Provider Network

All medical plans feature the Distinctions network - an open access network that places primary care, specialty providers and hospitals in one of three benefit levels (level 1, level 2 or level 3). The amount you pay for office visits and hospital care depends on the benefit level of the provider or hospital you use and your preferred benefit status.

You receive the highest level of benefits when you use the level 1 providers consisting of:

- HealthPartners Clinics
- HealthPartners Central Minnesota Clinics
- Hutchinson Health
- North Suburban Family Physicians Clinics
- Park Nicollet Clinics
- Physicians Neck and Back Centers
- Riverway Clinics
- Stillwater Medical Group Clinics
- Regions Hospital, Methodist Hospital, Lakeview Hospital and Clinic, Hudson Hospital and Clinic, Westfields Hospital and Clinic, Amery Hospital and Clinic, North Memorial Medical Center, Children's Hospital and Osceola Medical Center
- St. Croix Regional Medical Center

Overall network features

- More than 1,053,673 providers and 6,341 hospitals
- Preventive care is covered at 100 percent when you see a network provider
- No referrals needed to see any network provider including specialists
- No need to select a primary clinic
- Out-of-network benefits cover injury or illness related care you receive from providers who are not in the network as well as Mayo Health System
- If you are traveling or have a child who lives outside the HealthPartners network area, you may opt to see a provider within the CIGNA network. If you see a CIGNA provider, your care is covered at benefit level 2 instead of at the out-of-network level. For help finding a CIGNA provider, log on to **healthpartners.com** or call the Member Services phone number on the back of your HealthPartners Member ID card.

To find out if your provider is in network or to get a list of providers and hospitals in each benefit level, type Provider directory in the site search on your MyHealthPartners account, contact Human Resources, or call Member Services.

Deciding which plan is right for you

- Consider how much you spent for health care in the past year and think about what health care services you may need next year.
- Estimate your out-of-pocket costs and your premiums under each plan to determine the financial impact of each plan.
- Several resources and tools are available on **healthpartners.com**. These resources will help you make more informed decisions about health plans and receiving care. You'll find information on the cost of specific kinds of medical care, pharmacy cost information, comparative information about provider quality and patient satisfaction with providers, and much more.
- Use the convenient Plan for Me tool on **healthpartners.com** to easily compare your costs for each plan.

virtuwell™

virtuwell™ is your 24/7 online clinic. Get a treatment plan and a prescription if you need one, right from your home, office or even when you are traveling. With your HealthPartners plan, you get unlimited free visits per family member.*

*Free virtuwell visits are available with the Distinctions Copay and Low Deductible plans, free visits are not available with the Empower HSA plan.

DISTINCTIONS℠ COPAY PLAN (Open Access Network)

With the Distinctions Copay plan, you pay a 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.

Coverage	IN-NETWORK Benefit Level 1 (HealthPartners family of care)		Benefit Level 2		Benefit Level 3		OUT-OF-NETWORK	
	Single	**Family**	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**
Annual Deductible	$0	$0	$0	$0	$0	$0	$200	$600
Annual Out-of-Pocket Maximum	$2,500 single or $4,500 family combined across benefit levels						$3,500	$6,000
Preventive care	100%		100%		100%		No coverage	
	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit		
Office visit Illness/injury	100% after $20 copay	100% after $40 copay	100% after $30 copay	100% after $50 copay	100% after $40 copay	100% after $60 copay	70% after annual deductible	
Office visit Mental health, chemical health	100% after $20 copay	100% after $40 copay	100% after $20 copay	100% after $40 copay	100% after $20 copay	100% after $40 copay	70% after annual deductible	
Office visit Chiropractic	100% after $35 copay	100% after $55 copay	100% after $35 copay	100% after $55 copay	100% after $35 copay	100% after $55 copay	70% after annual deductible	
Office visit Physical, speech, occupational therapy	100% after $20 copay	100% after $40 copay	100% after $25 copay	100% after $45 copay	100% after $35 copay	100% after $55 copay	70% after annual deductible	
Lab/x-ray	100% (MRI/CT 80%)		100% (MRI/CT 80%)		100% (MRI/CT 80%)		70% after annual deductible	
Urgent care	100% after $40 copay		100% after $40 copay		100% after $40 copay		100% after $40 copay	
Emergency room	100% after $100 copay		100% after $100 copay		100% after $100 copay		100% after $100 copay	
virtuwell™	100%		Not applicable		Not applicable		Not applicable	
Hospitalization — inpatient Illness/injury, mental health 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	
Prescriptions	See page 18		See page 18		See page 18		70% after annual deductible	

Full-Time Employee Contribution	Single	Family
Biweekly	$ 54.48	$ 170.96
Annually	$1,416.48	$4,444.96

Network

For a list of network clinics and providers and their benefit level:

- log onto your MyHealthPartners account
- go to myPartner and type provider directory in the site search
- contact Human Resources

DISTINCTIONS℠ LOW DEDUCTIBLE PLAN (Open Access Network)

This is a deductible plan with co-insurance. Your co-insurance percentage will vary based on your provider's or hospital's benefit level. Your deductible is affected by your preferred benefit status.

Plan Features

- A limit on annual out-of-pocket expenses protects you from catastrophic claims.
- Each covered family member gets up to three discounted office visits. The plan pays the provider's fee each year for visits due to an illness or injury or behavioral health. Deductibles and coinsurance for lab, radiology and ancillary services still apply. If you visit your clinic for one of these three discounted visits, the plan will not charge you for the physician's fees.

Coverage	IN-NETWORK						OUT-OF-NETWORK
	Benefit Level 1		Benefit Level 2		Benefit Level 3		
	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit	
Annual Deductible combined across all levels							
Single	$400	$650	$400	$650	$400	$650	$800
Family	$800	$1,300	$800	$1,300	$800	$1,300	$1,600
Annual Out-of-Pocket Maximum							
Single	$2,500 single or $4,500 family combined across all levels						$3,500
Family							$7,000
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	80% after annual deductible		80% after annual deductible		80% after annual deductible		50% after annual deductible
Office visit Physical, speech, occupational therapy	90% after annual deductible		85% after annual deductible		80% after annual deductible		50% after annua deductible (rehab only)
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
Urgent care	80% after annual deductible		80% after annual deductible		80% after annual deductible		80% after annual deductible
Emergency room	80% after annual deductible		80% after annual deductible		80% after annual deductible		80% after annual deductible
virtuwellΩ	100%		Not applicable		Not applicable		Not applicable
Hospitalization (inpatient and outpatient) Illness/injury, mental health, chemical health, surgery	90% after annual deductible		85% after annual deductible		80% after annual deductible		50% after annual deductible
Prescriptions	See page 18		See page 18		See page 18		50% after annual deductible

Full-Time Employee Contribution	Single	Family
Biweekly	$ 17.30	$ 92.23
Annually	$449.80	$2,397.98

Network

For a list of network clinics, doctors, and hospitals and their benefit level:

- log onto your MyHealthPartners account
- go to myPartner and type doctor directory in the site search
- contact Human Resources

PRESCRIPTION DRUG PLAN

FOR DISTINCTIONS COPAY PLAN AND DISTINCTIONS LOW DEDUCTIBLE PLAN

The prescription drug benefit offers a tiered network for your prescription drug coverage. If you have your generic or formulary prescription filled at a Tier 1 pharmacy, your copayment will be less than if you go to a Tier 2 pharmacy. Tier 1 pharmacies include all the HealthPartners family of care providers listed below. Tier 2 pharmacies include all other network pharmacies.

In-network prescription copays are:

Tier 1 Pharmacy	Tier 2 Pharmacy
$7.00 copay generic formulary prescription	$21.00 copay generic formulary prescription
$20.00 copay brand formulary prescription	$60.00 copay brand formulary prescription
$50.00 copay non formulary prescription	$100.00 copay non formulary prescription

Also note that the HealthPartners Mail Order Service discount is available and you may receive a three month supply of your maintenance medications for two copayments. For example, if you receive your generic maintenance medication through the HealthPartners mail order pharmacy, your copay will be $14.00 (2 times $7.00 copay) for a three month's supply.

If you currently are not using a Tier 1 pharmacy and would like to switch, log on to **healthpartners.com**, click on Refill a Prescription, Transfer a prescription, and complete the online form. If you are currently using a brand formulary prescription drug, check with your health care provider to see if there is a generic equivalent for additional cost savings.

Tier 1 Pharmacies are located at the following HealthPartners family of care providers. Please log on to **healthpartners.com** for a complete list and their locations.

- Frederic Pharmacy
- HealthPartners 8170 building pharmacy
- HealthPartners Central Minnesota Clinics
- HealthPartners Medical Group Clinics
- Hudson Hospital Community Pharmacy
- Lakeview Hospital Outpatient Pharmacy
- Lakeview Community Pharmacy at Stillwater Medical Group
- Methodist Hospital
- Park Nicollet Clinic Pharmacies
- St. Croix Regional Medical Center Pharmacies
- St. Croix Falls Pharmacy
- Unity Pharmacy
- Westfields Hospital Pharmacy

EMPOWER℠ HSA HIGH DEDUCTIBLE HEALTH PLAN (HDHP) (Open Access Network)

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 (HDHP) is designed to pair with a Health Savings Account (HSA). If you choose this plan, you may set up an HSA and make contributions to your account, provided you are eligible to participate in an HSA. Use money from your HSA to pay 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 applied to 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 Optum Bank, you may make pre-tax salary deferral contributions plus you will also be eligible for a company contribution to your HSA.

Plan Features

- May be used with an HSA.
- A limit on annual out-of-pocket expenses protects you from catastrophic claims.

Coverage	IN-NETWORK						OUT-OF-NETWORK
	Benefit Level 1		Benefit Level 2		Benefit Level 3		
	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit	Preferred Benefit	Standard Benefit	
Annual Deductible combined across all levels							
Single	$1,350	$1,600	$1,350	$1,600	$1,350	$1,600	$2,050
Family	$2,700	$3,200	$2,700	$3,200	$2,700	$3,200	$4,100
Annual Out-of-Pocket Maximum							
Single	$2,000 single or $4,000 family combined across all levels						$4,000
Family							$8,000
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	80% after annual deductible		80% after annual deductible		80% after annual deductible		50% after annual deductible
Office visit Physical, speech, occupational therapy	90% after annual deductible		85% after annual deductible		80% after annual deductible		50% after annual deductible (rehab only)
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
Urgent care	80% after annual deductible		80% after annual deductible		80% after annual deductible		80% after annual deductible
Emergency room	80% after annual deductible		80% after annual deductible		80% after annual deductible		80% after annual deductible
Hospitalization (inpatient and outpatient) Illness/injury, mental health, chemical health, surgery	90% after annual deductible		85% after annual deductible		80% after annual deductible		50% after annual deductible
Prescriptions	80% after annual deductible		80% after annual deductible		80% after annual deductible		50% after annual deductible

Full-Time employee contribution	Single	Family
Biweekly	$ 21.61	$ 99.20
Annually	$561.86	$2,579.20

Network

For a list of network clinics and providers and their benefit level:

- log onto your MyHealthPartners account
- go to myPartner and type provider directory in the site search
- contact Human Resources

Health Savings Account (HSA) — to be used with the Empower℠ HDHP

A health savings account (HSA) is an account that you can put money into to save for future medical expenses for you and your tax dependents. If you would like to participate in an HSA, you must elect the Empower High Deductible Health Plan (HDHP). You can use the money in your HSA to pay for qualified medical expenses that are applied toward deductibles and coinsurance and for expenses that are not covered by the Empower HDHP, including most medical care and services, dental and vision care.

Contributions to your HSA may be made by you, your employer, or both. The total contributions are limited annually by the IRS. You may set up your HSA through a bank, credit union, insurance company, or other financial institution. However, if you choose Optum Bank as your HSA custodian, you receive the following added benefits:

- We will contribute money to your HSA in equal amounts 24 pay periods per year - up to $825 for single coverage or $1,650 for family coverage for the year, prorated depending on your Empower HDHP coverage effective date
- You can contribute to your HSA through pre-tax salary deferral contributions — up to $2,675 for single coverage or $5,350 for family coverage for the year, prorated depending on your Empower HDHP coverage effective date. If you are age 55 or older, you can also contribute an additional $1,000 through your employer. You can also contact Optum Bank Customer Service at 844-326-7967 or visit **optumbank.com**.
- The company pays the Optum Bank HSA administration fee for active employees.
- You will receive one Optum Bank Bank HSA debit card you can use to pay for eligible expenses; you can order additional cards for your tax dependents.

You are only eligible for a company contribution if you establish your HSA through Optum Bank. If you do so, any contributions to your account (company and employee) are yours to keep and you may roll over your funds (on an annual basis) to any other HSA, as permitted by law. If you would like more information about setting up an HSA through Optum Bank or would like to review their investment options, please call Optum HSA Customer Service at 844-326-7967 or visit **optumbank.com**.

HSA eligibility

In order to participate in an HSA, you must enroll in the Empower HDHP. You are then eligible for HSA participation if:

- You cannot be claimed as another person's tax dependent,
- You are not enrolled in Medicare benefits,
- You do not have any other non-HDHP coverage, an example is non-HDHP family coverage through your spouse or a General Use Health Care Flexible Spending Account coverage - see page 24, unless it falls into one of the permitted non-HDHP coverage categories.

HSA features

Ownership and portability

You own your HSA and control the account. You may make contributions to your account, decide how to invest your funds, and take funds out tax-free to pay for eligible expenses like health care, dental care, prescription drugs and long-term care, as long as these expenses are not reimbursed by any other source. You keep your HSA even if you change employers. Plus, there's no risk of forfeited money because HSA balances roll over from year to year.

Tax savings

An HSA provides several tax savings:

- Tax free contributions to your account, including pre-tax salary deferrals and company contributions (if Optum Bank is your HSA custodian) which are not subject to federal or Minnesota income tax or federal employment taxes.
- HSA money can be invested in mutual funds that you choose from the investment options available; HSA earnings, if any, grow tax-free.
- Distributions are tax free, if used for qualified expenses.

HSA contributions

Your salary deferral contributions and company contributions to your HSA are subject to IRS annual maximums.

Annual HSA contribution limits when enrolled in the Empower HDHP	Single	Family
Annual company HSA contribution (If HSA is established with Optum Bank)	up to $825 (pro-rated based on HDHP coverage effective date)	up to $1,650
Maximum annual employee HSA contribution	up to $2,675 (pro-rated based on HDHP coverage effective date)	up to $5,350
Total maximum annual HSA contribution allowed	$3,500	$7,000*

Note: If your coverage under the Empower HDHP begins mid-year, your HSA employer and company contributions will be prorated to reflect the number of complete months you have HDHP coverage. For example, if you have HDHP coverage beginning March 15, you can begin making contributions April 1. Your maximum annual contributions will be 9/12 of the annual totals at the left.

*The rules governing eligibility and contributions for married couples can be complicated, especially if you have coverage other than family HDHP coverage that covers both spouses. You may wish to consult a tax advisor to determine what HSA contributions, if any, you and/or your spouse are eligible to make.

Setting up your HSA

- ***Enroll in the Empower High Deductible Health Plan (HDHP)***
- ***Choose a trustee for your HSA***
  You may choose any financial institution/trustee with a qualified HSA program, but remember, you are only eligible for the company contribution and pre-tax salary deferral contributions if you establish your HSA with Optum Bank. If you choose to establish your HSA with a trustee other than Optum Bank, you must work with that Trustee to fill out the appropriate forms.
- ***Complete the necessary HSA enrollment forms***
  If you select the Empower HDHP, you will receive HSA information that includes the following documents:

An HSA Certification of Eligibility and Advantage HSA Contribution Election Form for certifying eligibility for HSA contributions and to elect semi-monthly payroll deferrals to your Optum Bank HSA.

Both of these forms must be completed and returned to Human Resources in order to begin either company or employee contributions to your HSA.

Additional information about HSAs

- You can make withdrawals from your HSA at any time, provided funds are available in your HSA; there is no annual deadline.
- Your tax dependents do notneed to be enrolled in the Empower HDHP for you to pay for their eligible expenses through your HSA but you must be enrolled in the HDHP in order to set up your HSA.
- Eligible expenses that you incurred before you enrolled in the Empower HDHP and established your HSA cannot be reimbursed from the HSA.
- If you choose, you can set up your HSA investment elections by accessing your account online at **www.optumbank.com**.
- Visit the Department of Treasury web site at **irs.gov/pub/irs-pdf/p502.pdf** or the Optum Bank web site at **optumbank.com** for more information on HSAs and a complete list of eligible expenses.
- If you participate in an HSA, your participation in a Health Care FSA is limited to reimbursement for dental and vision care expenses only. Refer to page 24 for information on a Limited Use Health Care FSA.

Note: Neither your arrangement for making contributions to eligible employees' HSAs nor the HSAs themselves are a welfare benefit plan under the Employee Retirement Income Security Act of 1974 (ERISA).

DENTAL

We offer you a basic or a premium dental plan option, or you can opt out of coverage.

Basic Dental — HealthPartners Dental Group

The basic option requires you to receive services at a HealthPartners Dental Group clinic. There are no out of network benefits.

Basic Dental	HealthPartners Dental Group
Annual Maximum Benefit	$2,500
Annual Deductible	None
Preventive and Diagnostic care Cleanings, Exams, X-rays, Fluoride	100%
Sealants	100%
Basic care Fillings, Periodontics, Endodontics, Oral Surgery	50%
Special care Crowns, Onlays	50%
Prosthetics Bridges, Dentures, Partial dentures, Implants	50% 50%
Orthodontics Lifetime maximum Dependent coverage only to age 19	50% up to $2,000 lifetime maximum

Full-Time employee contribution	Single	Family
Biweekly	$0	$11.45
Annually	$0	$297.70

Little Partners Program – You also have access to the HealthPartners Little Partners program. Log on to **healthpartners.com** and search Little Partners for details on this enhanced program for children age 12 and under.

Premium Dental — HealthPartners Distinctions Open Access Network

The premium option offers you In-Network and Out-of-Network coverage. In-Network coverage includes three tiers of clinics. The clinic you receive care from determines your benefits.

Premium Dental	IN-NETWORK			OUT-OF-NETWORK
	Benefit Level 1 HealthPartners Dental Group	Benefit Level 2 Park Dental	Benefit Level 3	
Annual Maximum Benefit	None	$2,000	$1,500	$1,000
Annual Deductible	None	None	$25 per person $75 per family	$50 per person $150 per family
Preventative & Diagnostic care Cleanings, Exams, X-rays, Fluoride	100%	100%	100%	80% after deductible
Sealants	100%	100%	100%	80% after deductible
Basic care				
Fillings - regular	100%	100%	80% after deductible	50% after deductible
Periodontics	80%	80%		
Endodontics	80%	80%		
Oral Surgery	80%	80%		
Special care Crown, Onlays	80%	80%	50% after deductible	50% after deductible
Prosthetics Bridges, Dentures, Partial Dentures	50%	50%	50% after deductible	50% after deductible
Implants maximum applied across all levels	50% to a maximum of $2,500	50% to a maximum of $2,000	50% after deductible to a maximum of $1,500	50% after deductible
Orthodontics Lifetime maximum Dependent coverage only to age 19 (combined across networks)	50% up to $2,000	50% up to $2,000	50% up to $2,000	No coverage

Network

For a list of network clinics and providers and their benefit level:

- log onto your MyHealthPartners account.
- go to myPartner and type provider directory in the site search
- contact Human Resources

Little Partners Program – You also have access to HealthPartners Little Partners program. Log on to **healthpartners.com** and search Little Partners for details on this enhanced program for children age 12 and under.

Full-Time employee contribution	Single	Family
Biweekly	$ 5.48	$20.17
Annually	$142.48	$524.42

Health Care Flexible Spending Account (FSA)

A Health Care FSA helps you save money by letting you pay for eligible health care expenses including medical, dental and vision for you, your spouse or dependents using pre-tax dollars. Expenses must be for care you receive during the plan year (January–December) that are not covered by your medical or dental plan. If you are a newly benefits eligible employee, expenses must be incurred after you become benefits eligible.There are two Health Care FSA options:

General use

- If you enroll in any type of medical plan other than an High Deductible Health Plan (HDHP), you may contribute money to the General Use Health Care FSA option.

Limited use

- If you establish a Health Savings Account (HSA) in connection with a high deductible health plan (such as the Empower HDHP), you may only contribute money to the Limited Use Health Care FSA option.

Note: Because participation in the General Use Health Care FSA option makes a participant ineligible for HSA contributions, anyone who selects the Empower HDHP and attempts to enroll in the General Use Health Care FSA option will be defaulted to the Limited Use Health Care FSA option.

How the account works

You may elect to deposit from $100 to $2,650 annually. This amount is deducted from your pay pre-tax in equal amounts throughout the year and placed into an account in your name. Reimbursements for eligible expenses you incur are then made to you from your account. They can be made by; 1) using HealthPartners paperless "Claims Crossover" feature*; 2) using our mobile app; 3) submitting a claim form with paid receipts; 4) submitting a claim online at **healthpartners.com:** or 4) for recurring claims such as orthodontia expenses establishing a "recurring claim" submission using one claim form.

Expenses must be incurred during the plan year (January–December), but you may submit plan year claims through the annual tax filing deadline (typically April 15). Any money remaining in your account after the anual tax filing deadline (typically April 15), in excess of $500 will be forfeited. This use it or lose it policy is required by IRS regulations, so plan your contributions carefully.

You cannot take an income tax deduction for expenses that are reimbursed by the Health Care FSA.

What expenses can I submit?

The IRS defines the expenses that can be reimbursed under a Health Care FSA. In addition, only eligible dental and vision expenses can be reimbursed under the Limited Use Health Care FSA option.

Eligible expenses		Non-eligible expenses
General Use Account	**Limited Use Account (for use with an HSA and Empower HDHP)**	
Medical or dental copays and deductibles	Dental copays and deductibles	Toiletries and cosmetics
Eyeglasses, contacts, refractive eye surgery	Eyeglasses, contacts, refractive eye surgery	Expenses for medical, dental, or life insurance coverage premiums
Services that are not covered in full by the medical or dental plans	Services that are not covered in full by the dental plan	Expenses incurred by a same-sex partner
Expenses that exceed reasonable/customary charges under the medical or dental plan	Expenses that exceed reasonable/customary charges under the dental plan	Expenses paid from another source
Orthodontia expenses	Orthodontia expenses	
Hearing aids, prescriptions		

Your health care spending reimbursements will be direct deposited into the account at the financial institution where your biweekly pay is deposited. If you receive a paper check for your pay, contact FSA Member Services at 952-883-7000.

*Limited use account is not included in the crossover feature and claims must be submitted manually.

Dependent Care Flexible Spending Account (FSA)

Like the Health Care FSA, the Dependent Care FSA gives you a tax break on eligible dependent care expenses. This plan allows you to set aside pre-tax dollars for dependent care services you receive and pay for during the plan year (January–December). If you are a newly benefits eligible employee, expenses must be incurred after your benefits eligible date. It covers daycare expenses not only for your dependent children under age 13, but for anyone considered your dependent for income tax purposes, such as a disabled parent.

Eligible Dependent Care FSA expenses must be for services that allow you and/or your spouse to work, or your spouse to actively search for employment or be a full-time student at an educational institution.

How the account works

You may elect to deposit between $100 and $5,000 annually. If you are married, but filing taxes separately, the tax-free benefit is limited to $2,500. The tax-free benefit cannot be more than your income or your spouse's income, whichever is less. For example, if your spouse earns $4,500 a year, your maximum tax-free benefit for dependent care is $4,500.

Once you incur eligible expenses, you must submit a claim form and receipts to HealthPartners or submit a claim online at **healthpartners.com**. The amount of your claim is deducted from your account and reimbursed to you. On your claim form, you must identify the name, address, and Taxpayer Identification or Social Security number of the person who provides daycare.

Expenses must be incurred during the plan year (January–December), but you may submit claims through the annual tax filing deadline (typically April 15). Any money remaining in your account after the annual tax filing deadline (typically after April 15) of that year will be forfeited. This use it or lose it policy is required by IRS regulations, so plan your contributions carefully.

What expenses can I submit?

IRS regulations specify the expenses that can be reimbursed through the Dependent Care FSA.

Eligible expenses	Non-eligible expenses
A payment to someone who provides care in your home	Payment to one dependent for the care of another
A licensed nursery school or daycare center	Education costs, lessons
The cost of before-school or after-school programs or summer day camp	Overnight camp
Eligible daycare facilities and senior centers for an elderly or disabled adult tax dependant member of your household	Caregiver's transportation expenses
	Expenses for food, clothing, or education of a dependent

Important: For expenses to qualify for the Plan, your caregiver must report his/her earnings to the IRS for tax purposes.

Note: Your Dependent Care FSA reimbursements will be direct deposited into the account at the financial institution where your biweekly pay is deposited. If you receive a paper check for your pay, contact FSA Member Services at 952-883-7000.

Personal Time Off

Your vacation, personal holiday and sick time are combined into a pool called Personal Time Off (PTO). You may use PTO days to take time off for any of your personal needs, including vacation, illness, family emergencies, school functions, or any other purpose (all with supervisor approval).

There are two types of PTO available: Basic and Purchased

Basic PTO

As a newly eligible employee, you are allocated basic PTO days based on your date of hire or eligible date, on the percentage of a 1.0 Full-Time (FTE) you are scheduled to work, and whether you are a physician, dentist, or other non-union employee. Basic PTO is advanced to you on your date of hire.

As a current employee, you are allocated basic PTO days based on your length of eligible service, which will be completed in the upcoming year, on the percentage of a 1.0 (FTE) you are scheduled to work, and whether you are a physician, dentist, or other non-union employee. Basic PTO advances to you at the beginning of the year.

If you change status during the year from full-time to part-time, or from part-time to full-time, your Basic PTO will be adjusted to reflect your status change. If you leave your employer, you will only be paid for your earned unused PTO.

Basic PTO Days

Newly eligible employee (1.0 FTE)

Month You Are Hired or Become Benefits Eligible	Days* Given Exempt Employees and Non-Exempt Employees	Days* Given Physicians and Dentists
January	19.00	20.00
February	17.42	18.33
March	15.83	16.67
April	14.25	15.00
May	12.67	13.33
June	11.08	11.67
July	9.50	10.00
August	7.92	8.33
September	6.33	6.67
October	4.75	5.00
November	3.17	3.33
December	1.58	1.67

Current Employees (1.0 FTE)

Benefits Eligible Years of Service	Basic PTO*	
	Exempt and Non-Exempt Employees Earn	Physicians and Dentists Earn
0 – 9 years	19 days	20 days
10 years or more	24 days	25 days

*1 Day = 8 hours

If you are a part-time employee

If you are a part-time (.5 to .79 FTE) eligible employee, your basic PTO is prorated based on the percentage of a 1.0 FTE you are scheduled to work. For example, if you are a .75 (30 hours/week) employee and have six years of service, your PTO is adjusted in the following way:

- A 1.0 FTE would receive 19 days of basic PTO
- This is pro-rated based on your scheduled time (19 x .75 = 14.25)
- You receive 14.25 days of basic PTO

The above example assumes a January hire date. For other than a January hire date, basic PTO days received are pro-rated based on date of hire.

If you change status during the year from full-time to part-time, or part-time to full-time, your basic PTO will be adjusted to reflect your status change.

Purchased PTO

In addition to Basic PTO, you have the opportunity to buy up to an additional 10 days of Purchased PTO. If you decide to purchase days, you pay for them on a pre-tax basis. You will be paid at your current pay rate when you take PTO.

Unlike Basic PTO, if you change status during the year from full-time to part-time, or from part-time to full-time, your Purchased PTO will not change. Similar to Basic PTO, if you leave your employer, you will only be paid for your earned unused PTO, at the price you purchased it.

As a newly benefits-eligible employee, you are allowed to buy Purchased PTO days based on your date of hire/benefits-eligible date.

Purchased PTO Days

New employee/newly eligible employee

Month You Are Hired or Become Benefits-Eligible	Purchased PTO Days
January – March	10 days
April – May	9 days
June – July	8 days
August – September	7 days
October – November	1 day
December	0 days

As a current full-time employee, you are allowed to buy 10 (eight hour) days of Purchased PTO each calendar year during annual enrollment.

Cost of Coverage

The cost of each day is based on your current pay (up to $300 per day or $37.50 per hour).

Example Purchased PTO calculation:
Assumptions:

- Full-time employee (1.0 FTE)
- Annual salary $60,000 ($28.85/hour) as of October 1

Using the assumption above this current employee would be able to purchase from 0 to 10 days during annual enrollment. The cost of one day will equal $28.85 (hourly rate) times eight hours (1 day) = $230.80. If the employee chooses to purchase seven days the cost would be $28.85 times eight times seven (days) = $1,615.60/year ($62.14 per pay period).

Benefit Dollars

- Full-time employee (1.0 FTE)
- Annual salary $60,000 ($28.85/hour) as of October 1

We give you Benefit Dollars to help offset the cost of your benefits, including purchased PTO. We give you Benefit Dollarsequal to five days pay for employees who work 80 hours per pay period. For a benefits-eligible employee scheduled to work less than 80 hours per pay period, the amount of Benefit Dollars is prorated. The calculation is based on your daily pay as of October 1 and is capped at $300 per day ($37.50 per hour).

Example Benefit Dollars calculation

Using the assumptions under the Cost of Coverage above, the Benefit Dollars received is equal to the value of five days times your FTE and your hourly rate as of October 1. The Benefit Dollars for five days will equal $28.85 (hourly rate to a maximum of $37.50) times 1.0 (FTE) eight hours (1 day) times five days = $1,154.00/year. To calculate the per pay period amount, divide by 26 = $44.38 per pay period.

Here's how you tie it all together

Benefit Coverage	Per Pay Period Cost
Basic PTO 19 days	$0
Purchased PTO 7 days	$62.14 employee pre-tax deduction
Benefit Dollars	$44.38 benefit dollars income given to offset the cost
Total Purchased PTO	$17.76 is your actual cost

In the above example, you have a total of seven days of Purchased PTO. The deduction per pay period is $62.14. The Benefit Dollars (income) you receive to offset the cost of your PTO is $44.38 per pay period. This means that your actual cost for seven days of Purchased PTO is $17.76 per pay period ($62.14 minus $44.38).

Unused PTO

If you do not use all of your time off during the year, here is what will happen:

- Basic PTO can be carried forward to future years, but is limited to a cumulative 80 hours (any basic PTO in excess of 80 hours will be lost).
- Purchased PTO will be cashed out each December at the price you purchased it and will be taxed at a supplemental rate.

To view your current time off balances, log onto myPartner and click Employee Self Service.

Frozen Vacation Bank

You may have vacation hours or personal holiday hours that you accumulated prior to January 1, 1998. These unused hours are set aside in a "frozen vacation bank," and can be used in addition to your basic PTO and purchased PTO, or carried forward to be used in future years. The basic PTO carryover limits do not apply to the frozen vacation bank.

Frozen Sick Bank

If you have a bank of sick hours accumulated prior to January 1, 1998, you can use these hours to extend your income while you are unable to work. You must deplete frozen sick time before Short-Term Disability can begin. Once your frozen sick bank is used up, you may be eligible to receive the 60 percent STD benefit.

Employees may use frozen sick leave due to illness or injury of the emplyee's child (an individual under 18 years of age or an individual under the age of 20 who is still attending secondary school).

Employees may use up to 160 hours of frozen sick leave per calendar year due to illness or injury of the employee's adult child (including a step child, adopted or foster child), spouse/spousal equivalent, sibling, parent (including step parent), mother-in-law, father-in-law, grandchild (including step, adopted, foster or grandchild), grandparent for reasonable periods of time as the employee's attendance may be necessary or to provide assistance to such relative because of sexual assault, domestic violence or stalking where the employee must be off work to attend to the needs of such relative for such reasonable times as may be necessary.

If you use PTO for sick leave, personal time, or vacation time, it will be taken in the following order:

Vacation Time	Sick Time
1. Basic PTO, then	1. Frozen sick bank*
2. Frozen vacation bank, then	2. Basic PTO, or frozen vacation bank, or STD
3. Purchased PTO	3. Purchased PTO or STD

*Your frozen sick bank is used until depleted before STD, PTO and/or your frozen vacation bank may be used.

Advantage

Benefits to
Fit Your Life