



# Benefit Plan and Trust

## QUICK REFERENCE GUIDE

Please keep this booklet and use it during the year to answer your benefit questions.



Open Enrollment changes resulting in a potential error, including but not limited to: incorrect tobacco/nicotine surcharge, missing or incorrect FSA elections, will be reviewed for the first two pay periods of January, not to exceed January 31st. Errors identified in that time frame may be eligible for a refund.

This booklet highlights the main features of the benefit plans sponsored by Hy-Vee, Inc. Full details of these benefits are contained in the Summary Plan Descriptions (the legal documents governing the plans). If there is any discrepancy or conflict between the Summary Plan Descriptions (SPDs) and the information presented here, the SPDs will govern. In all cases, the SPDs are the exclusive source for determining rights and benefits under the plans. Hy-Vee, Inc. reserves the right to change or discontinue the plans at any time with appropriate notification. Participation in the plans does not constitute an employment contract. Hy-Vee, Inc. reserves the right to modify, amend, or terminate any benefit plan or practice described in this booklet. Nothing in this booklet guarantees that any new plan provisions will continue in effect for any period. SPDs are available on Huddle or by calling the Benefit Plan Department at the corporate office, 515-267-2800.

# BENEFITS OVERVIEW

The Hy-Vee and Affiliates Benefit Plan and Trust (the Plan) is available to all full-time and regular-time employees of Hy-Vee and subsidiary companies. The Plan offers coverage for Medical, Dental, Short Term Disability (STD), Life Insurance and Long Term Disability (LTD); all coverage offered by the Plan is optional. Employees can use this Quick Guide to note Plan changes, review rates, and get advice on using the online benefits website [www.hy-veebenefits.com](http://www.hy-veebenefits.com).

\*This guide contains an overview of Plan Changes and important reminders for 2019. For more detailed information please refer to the 2019 Benefit Reference Guide available on Huddle or at <http://hy-veebenefits.com>.\*

## OPEN ENROLLMENT

- Open enrollment is the one time each year when you can make changes to your Plan elections without a qualifying event; changes include: add/remove dependents, enroll in/waive medical, dental, STD, LTD, life, tax savings, etc. Open enrollment for 2019 elections will be November 1 to November 30, 2018. All enrollments/changes are done via our online enrollment system at <http://hy-veebenefits.com> and will go into effect on January 1, 2019.
- To review or make changes to your Benefit Plan elections, including but not limited to changing your medical plan or adding/removing dependents to any coverage, visit [hy-veebenefits.com](http://hy-veebenefits.com) by November 30, 2018.
- NEW for 2019: Employees will no longer be required to pay the \$25/week spousal surcharge to cover spouses with access to their own employer sponsored coverage. If you wish to add your spouse back onto your plan as a result of the removal of the spousal surcharge, visit <http://hy-veebenefits.com> by November 30, 2018.
- If you wish to participate in the Medical or Dependent Care Flexible Spending Account (FSA) in 2019, elections must be made via <http://hy-veebenefits.com> by November 30, 2018; enrollment is not automatic.

*Please visit Huddle to view the OPEN ENROLLMENT TUTORIAL.*

This tutorial will review 2019 Plan details and review open enrollment requirements. The tutorial is available to view at work, home or on the go!

# WHAT'S NEW IN 2019?

## MEDICAL COVERAGE

- NEW Medical Networks for employees working in Indianola, Eldora, Coralville, Iowa City and Muscatine
- To view the details of the Medical Plans available to you, please refer to the applicable pages based on where you work:
  - » Altoona, Ames, Ankeny, Carroll, **Coralville**, Des Moines, **Eldora**, **Indianola**, **Iowa City**, Iowa Falls, Jefferson, Johnston, Marshalltown, **Muscatine**, Pleasant Hill, Urbandale, Waukee, Webster City, West Des Moines, Windsor Heights, Urbandale Fulfillment Center, West Des Moines Office, Central Fill, HST, Training & Education Center and all subsidiary companies based in Des Moines or Ankeny: pg 6 - 10
  - » Remaining Iowa locations: pg 11 - 14
  - » South Dakota, Nebraska, Missouri, Kansas, Illinois and Wisconsin: pg 15 - 18
  - » Minnesota: pg 20 - 25
- **IMPORTANT REMINDER:**
  - » Employees in Iowa, South Dakota, Nebraska, Missouri, Kansas, Illinois and Wisconsin – medical coverage is provided by Wellmark Blue Cross Blue Shield
  - » Employees in Minnesota – medical coverage is provided by HealthPartners
- **NEW REQUIREMENT PRIOR TO KNEE REPLACEMENT:**
  - » Employees and covered dependents working in the Des Moines Metro, Kansas City Metro and Omaha Metro planning a knee replacement in 2019 will need to complete a consultation with a Regenexx provider in advance of having the knee replacement.
    - What is Regenexx? Regenexx is a stem cell and blood platelet procedure that treats orthopedic injuries, arthritis and pain. Regenexx procedures deliver a high concentration of stem cells into the knee or hip, which helps the body heal naturally without surgery.
    - The Regenexx consultation is required in order to provide employees and/or dependents in need of a knee replacement with additional information on less invasive care available to them. **The employee/dependent will then make the choice that makes the most sense to them, Regenexx treatment or surgery.**
  - » Members in the Des Moines Metro, Kansas City Metro and Omaha Metro will not receive prior authorization for a knee replacement until a Regenexx consultation claim is received by Wellmark.
  - » To schedule a Regenexx consultation, call 855-686-3525.



- **2019 Healthy Lifestyles incentive details will be shared in the beginning of 2019.**  
Watch for your 2019 Healthy Lifestyles Activation Guide in February!

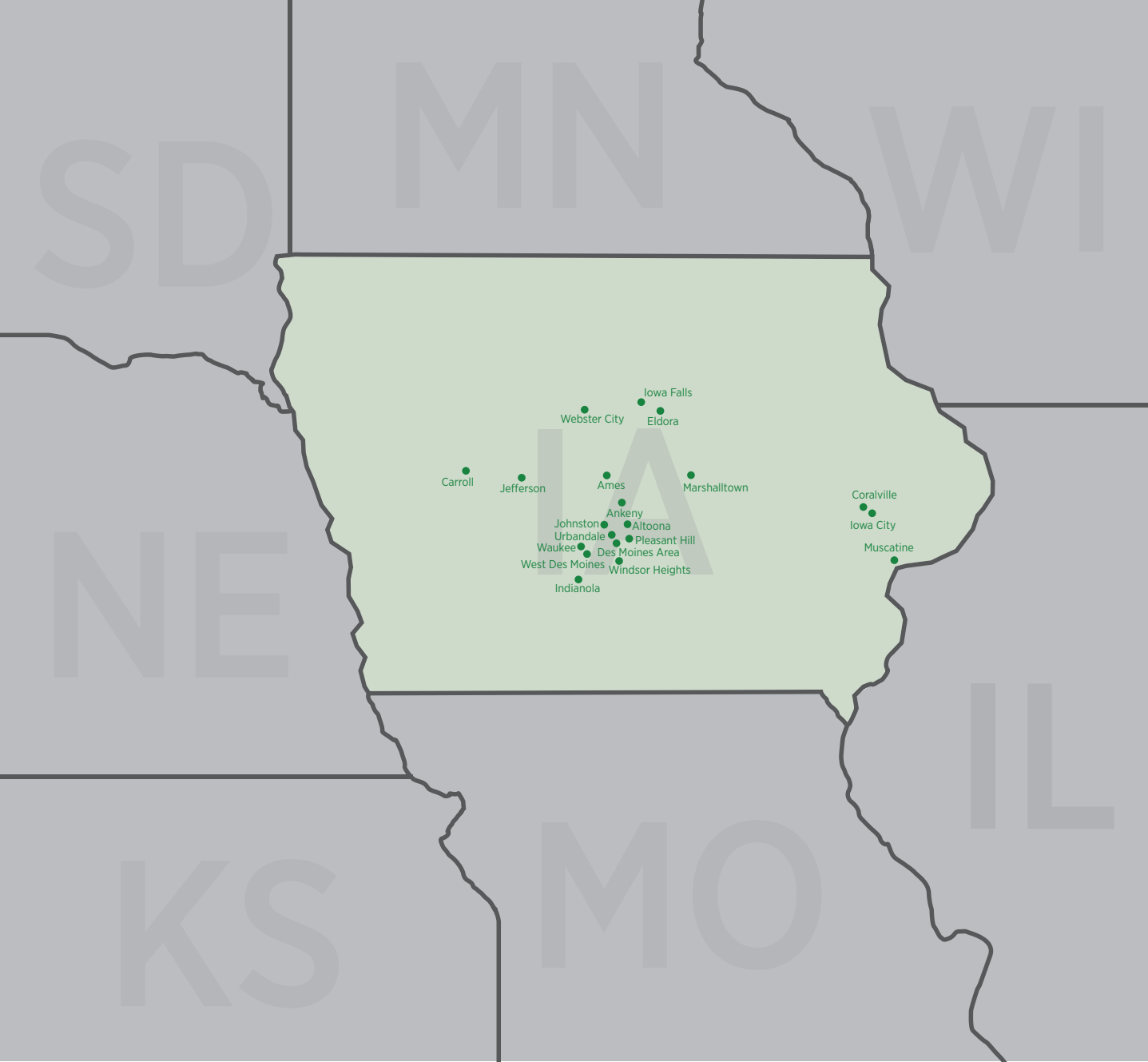


- **NEW for 2019:** Non-completion of the tobacco/nicotine attestation form and/or Quit for Good will result in a **\$10/week** or up to **\$20/week** surcharge.
- Are you a tobacco/nicotine user? To avoid paying a \$10/week (employee or spouse) or up to \$20/week (employee and spouse) tobacco/nicotine surcharge in 2019 – check with your Hy-Vee Pharmacist to complete the Quit for Good (QFG) Tobacco/Nicotine Cessation Program!
- To avoid the surcharge starting January 1, please complete the tobacco/nicotine attestation form and/or QFG by November 30, 2018.
  - » The 2019 attestation form will be available beginning November 1.
  - » QFG and/or the attestation form may be completed at any time in 2019. Removal of the applicable surcharge will occur once proof of QFG completion is submitted or, for non-nicotine/tobacco users, when the attestation form is completed. Removal of the surcharge will be on a go-forward basis only.
- Employees and covered spouses each complete an attestation form via the Healthy Lifestyles portal. The 2019 form can be completed beginning November 1, 2018.

# PLAN OVERVIEWS

2019 Medical plans available to employees in the highlighted areas in the state of Iowa:

- Basic - High Performance Network, Advanced, Premier Blue Access - High Performance Network.



Employees working in the following locations will participate in the High Performance Network:

- Altoona, Ames, Ankeny, Carroll, Coralville, Des Moines, Eldora, Indianola, Iowa City, Iowa Falls, Jefferson, Johnston, Marshalltown, Muscatine, Pleasant Hill, Urbandale, Waukee, Webster City, West Des Moines, Windsor Heights, Urbandale Fulfillment Center, West Des Moines Office, Central Fill, HST, Training & Education Center, Lomar, PDI, FDI, Midwest Heritage Bank, Hy-Vee Construction and Bakery Manufacturing.

The High Performance Network consists of physicians (primary care and specialist) practicing with The Iowa Clinic, McFarland Clinic and **NEW in 2019 The University of Iowa Hospital & Clinics**. These physicians are committed to providing excellent care to their patients! In addition to the physician commitment The Iowa Clinic, McFarland Clinic and The University of Iowa Hospital & Clinics have proven year after year to provide the best patient care with the best outcomes. As a result, the Hy-Vee Benefit Plan is providing employees who participate in the Premier or Basic plans with incentives (through reduced copays) to engage with primary care physicians and specialists within these clinics. As you'll notice on the following pages, copays for PCP and specialists are much lower when visiting a tier 1 (The Iowa Clinic, McFarland Clinic or University of Iowa) provider. You may still visit providers outside of these clinics, but those visits may result in a higher copay.

For information on physicians participating in Tier 1, please refer to Huddle to review the provider list or call Wellmark customer service on the back of your ID card.

## DON'T FORGET!

Hy-Vee In-Store clinics are a great alternative to Urgent Care! Pay just \$20/visit if you're covered on the Basic or Premier Plan! Charge is subject to deductible on the Advanced Plan.

Don't have an In-Store clinic near you? Check out Doctor on Demand – an app that allows you “see” a doctor 24 hours a day/ 365 days a year from ANYWHERE! A great resource when your primary doctor isn't close by! Pay just \$20/visit if you're covered on the Basic or Premier Plan! Charge is subject to deductible on the Advanced Plan.

# PLAN OVERVIEWS (continued)

## Basic Plan - High Performance Network

The Basic Plan is a safe plan providing catastrophic coverage for you and your family; the premiums will be the least expensive of the three choices, however, the deductibles and out of pocket costs are larger than with the other two plans. The Basic Plan - High Performance Network consists of the following tiers:

- Tier 1: The Iowa Clinic, McFarland Clinic and University of Iowa Hospital and Clinics
- Tier 2: All other Alliance Select Providers

<b>Basic - High Performance Network</b> (Des Moines Metro area, Ames, Carroll, Coralville, Eldora, Indianola, Iowa City, Iowa Falls, Jefferson, Marshalltown, Muscatine, Webster City)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit - Primary Care Office Visit - Specialist	Tier 1: \$45 copay / Tier 2: \$75 copay Tier 1: \$80 copay / Tier 2: \$110 copay	Deductible; then 50%
Preventive Screenings/Care	Covered at 100%	Deductible; then 50%
Emergency Room	Deductible; then 20%	Deductible; then 20%
Inpatient Hospital	Deductible; then 20%	Deductible; then 50%
Outpatient Services	Deductible; then 20%	Deductible; then 50%
Calendar Year Deductible (CYD)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Out-Of-Pocket Maximum *		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400

\* Out-of-Pocket - All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum  
 Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.



## Advanced Plan

The Advanced Plan is the secure plan. It is a consumer driven health plan that provides you and your family financial benefits when you combine it with the health savings account and the match from Hy-Vee. In this plan, there are no office visit copayments or prescription drug copayments; you will pay the full cost for these services until your deductible is met, then all costs are covered at 100%. *The Advanced Plan refers to the full Alliance Select Network of physicians, it does not have a tiered benefit.*

Advanced (All Locations)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit	Deductible; then covered 100%	Deductible; then covered 100%
Preventive Screenings/Care	Covered at 100%	Deductible; then covered 100%
Emergency Room	Deductible; then covered 100%	Deductible; then covered 100%
Inpatient Hospital	Deductible; then covered 100%	Deductible; then covered 100%
Outpatient Services	Deductible; then covered 100%	Deductible; then covered 100%
Calendar Year Deductible (CYD)		
Individual	\$2,700	\$5,400
Family *	\$5,400	\$10,800
Out-Of-Pocket Maximum		
Individual	\$2,700	\$5,400
Family	\$5,400	\$10,800

\* If you are on a family (two or more members covered) medical plan, your plan has two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to get medical bills covered prior to the entire dollar amount of the family deductible being met.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Level 2-5	Deductible; then covered at 100%	Not Covered
Level 1 **	Covered at 100%	Not Covered

\*\*View the list of Preventive Drugs at [www.wellmark.com](http://www.wellmark.com).

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative Pharmacy in that area.

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# PLAN OVERVIEWS (continued)

## Premier Blue Access Plan - High Performance Network

The Premier Plan is the protected plan, it will provide the most complete coverage to you and your family. The premiums on this plan are the highest with the lowest deductibles and out of pocket expenses of the three plans. As a reminder, the Blue Access Network is limited to Iowa Providers, there is not coverage outside of the state of Iowa unless there is an emergency. The Premier Blue Access - High Performance Network consists of the following tiers:

- Tier 1: The Iowa Clinic, McFarland Clinic and University of Iowa Hospital and Clinics
- Tier 2: All other Blue Access Providers

**Premier Blue Access Plan - High Performance Network**  
(Des Moines Metro area, Ames, Carroll, Coralville, Eldora, Indianola, Iowa City, Iowa Falls, Jefferson, Marshalltown, Muscatine, Webster City)

Medical Plan Provision	In-Network	Out-of-Network
Office Visit - Primary Care Office Visit - Specialist	Tier 1: \$15 copay / Tier 2: \$50 copay Tier 1: \$50 copay / Tier 2: \$75 copay	No Coverage
Preventive Screenings/Care	Covered at 100%	No Coverage
Emergency Room (copay waived if admitted)	\$200 copay; Deductible; then 10%	No Coverage
Inpatient Hospital	Deductible; then 10%	No Coverage
Outpatient Services	Deductible; then 10%	No Coverage
Calendar Year Deductible (CYD)		
Individual	\$1,000	No Coverage
Family	\$2,000	No Coverage
Out-Of-Pocket Maximum *		
Individual	\$2,500	No Coverage
Family	\$5,000	No Coverage

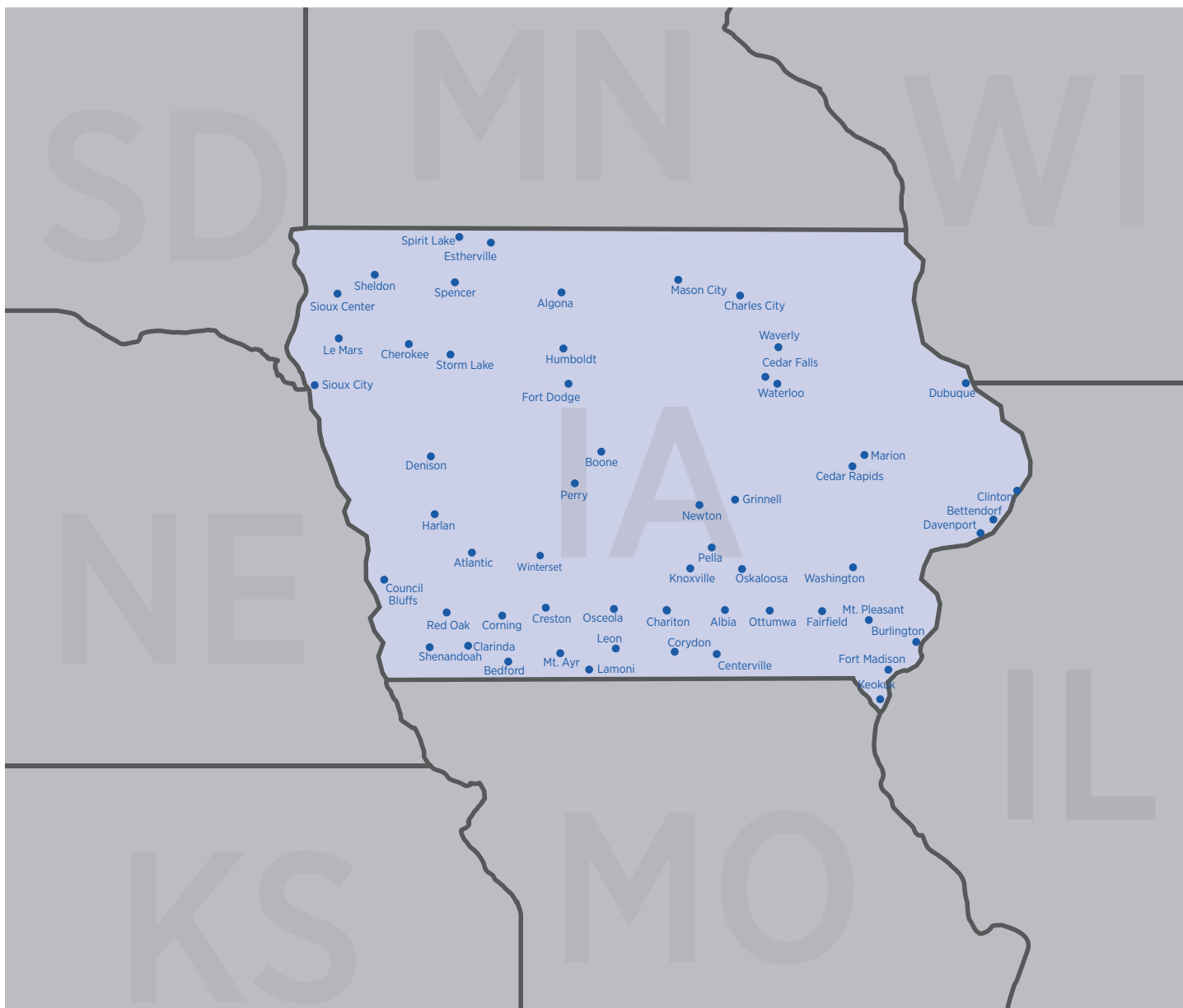
\* Out-of-Pocket - All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.

# PLAN OVERVIEWS

2019 Medical plans available to employees in the highlighted areas in the state of Iowa:

- Basic, Advanced, and Premier Blue Access



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# PLAN OVERVIEWS (continued)

## Basic Plan

The Basic Plan is a safe plan providing catastrophic coverage for you and your family; the premiums will be the least expensive of the three choices, however, the deductibles and out of pocket costs are larger than with the other two plans.

Basic Plan (All Iowa locations <b>EXCEPT</b> Des Moines Metro area, Ames, Carroll, Coralville, Eldora, Indianola, Iowa City, Iowa Falls, Jefferson, Marshalltown, Muscatine and Webster City)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$60 copay per Primary Care visit \$110 copay per Specialist visit	Deductible; then 50%
Preventive Screenings/Care	Covered at 100%	Deductible; then 50%
Emergency Room	Deductible; then 20%	Deductible; then 20%
Inpatient Hospital	Deductible; then 20%	Deductible; then 50%
Outpatient Services	Deductible; then 20%	Deductible; then 50%
Calendar Year Deductible (CYD)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Out-Of-Pocket Maximum *		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400

\*Out-of-Pocket - All medical and prescription drug copays, coinsurance and deductible apply to the Out-of-Pocket Maximum.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.

## Advanced Plan

The Advanced plan is the secure plan. It is a consumer driven health plan that provides you and your family financial benefits when you combine it with the health savings account and the match from Hy-Vee. In this plan, there are no office visit copayments or prescription drug copayments; you will pay the full cost for these services until your deductible is met, then all costs are covered at 100%.

Advanced (All Locations)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit	Deductible; then covered 100%	Deductible; then covered 100%
Preventive Screenings/Care	Covered at 100%	Deductible; then covered 100%
Emergency Room	Deductible; then covered 100%	Deductible; then covered 100%
Inpatient Hospital	Deductible; then covered 100%	Deductible; then covered 100%
Outpatient Services	Deductible; then covered 100%	Deductible; then covered 100%
Calendar Year Deductible (CYD)		
Individual	\$2,700	\$5,400
Family *	\$5,400	\$10,800
Out-Of-Pocket Maximum		
Individual	\$2,700	\$5,400
Family	\$5,400	\$10,800

\* If you are on a family (two or more members covered) medical plan, your plan has two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to get medical bills covered prior to the entire dollar amount of the family deductible being met.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Level 2-5	Deductible; then covered at 100%	Not Covered
Level 1 **	Covered at 100%	Not Covered

\*\*View the list of Preventive Drugs at [www.wellmark.com](http://www.wellmark.com)

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative Pharmacy in that area.

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# PLAN OVERVIEWS (continued)

## Premier Plan - Blue Access

The Premier Plan is the protected plan, it will provide the most complete coverage to you and your family. The premiums on this plan are the highest with the lowest deductibles and out of pocket expenses of the three plans.

<b>Premier - Blue Access</b>		
<b>(All Iowa locations EXCEPT Des Moines Metro area, Ames, Carroll, Coralville, Eldora, Indianola, Iowa City, Iowa Falls, Jefferson, Marshalltown, Muscatine and Webster City)</b>		
<b>Medical Plan Provision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Office Visit – Primary Care Office Visit – Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	No Coverage
Preventive Screenings/Care	Covered at 100%	No Coverage
Emergency Room (copay waived if admitted)	\$200 copay; Deductible; then 10%	No Coverage
Inpatient Hospital	Deductible; then 10%	No Coverage
Outpatient Services	Deductible; then 10%	No Coverage
Calendar Year Deductible (CYD)		
Individual	\$1,000	No Coverage
Family	\$2,000	No Coverage
Out-Of-Pocket Maximum *		
Individual	\$2,500	No Coverage
Family	\$5,000	No Coverage

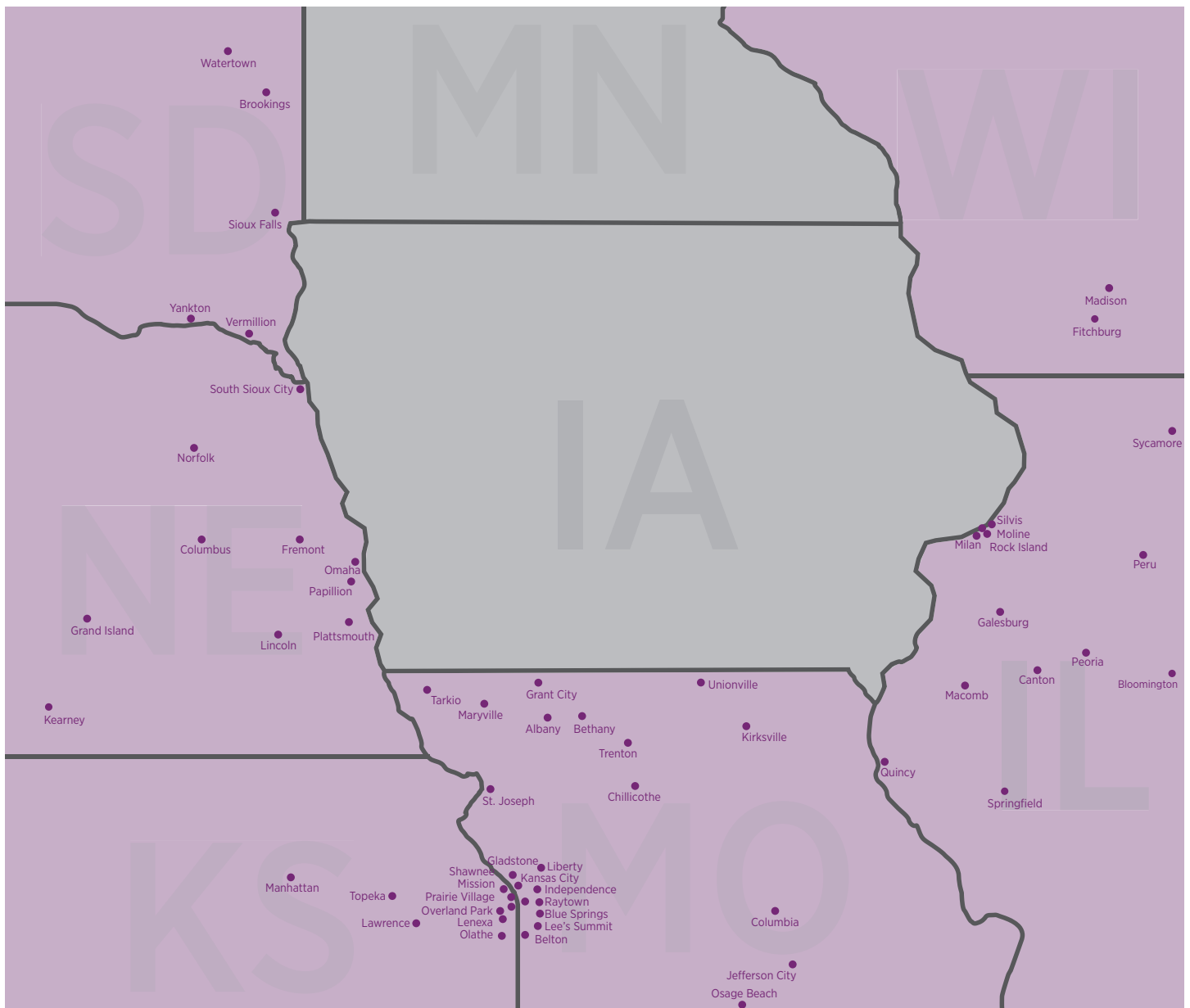
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# PLAN OVERVIEW

## 2019 Medical plans available to employees WI, IL, MO, KS, NE and SD:

- Basic, Advanced, and Premier



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# PLAN OVERVIEWS (continued)

## Basic Plan

The Basic Plan is a safe plan providing catastrophic coverage for you and your family; the premiums will be the least expensive of the three choices, however, the deductibles and out of pocket costs are larger than with the other two plans.

<b>Basic</b> (All Locations- <b>EXCEPT</b> Iowa and Minnesota)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$60 copay per Primary Care visit \$110 copay per Specialist visit	Deductible; then 50%
Preventive Screenings/Care	Covered at 100%	Deductible; then 50%
Emergency Room	Deductible; then 20%	Deductible; then 20%
Inpatient Hospital	Deductible; then 20%	Deductible; then 50%
Outpatient Services	Deductible; then 20%	Deductible; then 50%
Calendar Year Deductible (CYD)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Out-Of-Pocket Maximum *		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400

\* Out-of-Pocket – All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

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## Advanced Plan

The Advanced plan is the secure plan. It is a consumer driven health plan that provides you and your family financial benefits when you combine it with the health savings account and the match from Hy-Vee. In this plan, there are no office visit copayments or prescription drug copayments; you will pay the full cost for these services until your deductible is met, then all costs are covered at 100%.

Advanced (All Locations)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit	Deductible; then covered 100%	Deductible; then covered 100%
Preventive Screenings/Care	Covered at 100%	Deductible; then covered 100%
Emergency Room	Deductible; then covered 100%	Deductible; then covered 100%
Inpatient Hospital	Deductible; then covered 100%	Deductible; then covered 100%
Outpatient Services	Deductible; then covered 100%	Deductible; then covered 100%
Calendar Year Deductible (CYD)		
Individual	\$2,700	\$5,400
Family *	\$5,400	\$10,800
Out-Of-Pocket Maximum		
Individual	\$2,700	\$5,400
Family	\$5,400	\$10,800

\* If you are on a family (two or more members covered) medical plan, your plan has two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to get medical bills covered prior to the entire dollar amount of the family deductible being met.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Level 2-5	Deductible; then covered at 100%	Not Covered
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# PLAN OVERVIEWS (continued)

## Premier Plan

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Premier (All Locations- except Iowa and Minnesota)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit - Primary Care Office Visit - Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	Deductible; then 40%
Preventive Screenings/Care	Covered at 100%	Deductible; then 40%
Emergency Room (copay waived if admitted)	\$200 copay; Deductible; then 10%	\$200 copay; Deductible; then 10%
Inpatient Hospital	Deductible; then 10%	Deductible; then 40%
Outpatient Services	Deductible; then 10%	Deductible; then 40%
Calendar Year Deductible (CYD)		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-Of-Pocket Maximum *		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000

\* Out-of-Pocket - All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

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# PHARMACY

## Pharmacy Coverage: IA, WI, IL, MO, KS, NE and SD

- Employees can receive prescription drugs covered under the Blue Simplicity Formulary.
- To view the Blue Simplicity Formulary, please visit Huddle or [www.wellmark.com](http://www.wellmark.com)
- Important Reminder: The chart below illustrates copays for the Premier and Basic Plans only; the Advanced Plan costs are subject to deductible as noted in the plan description.

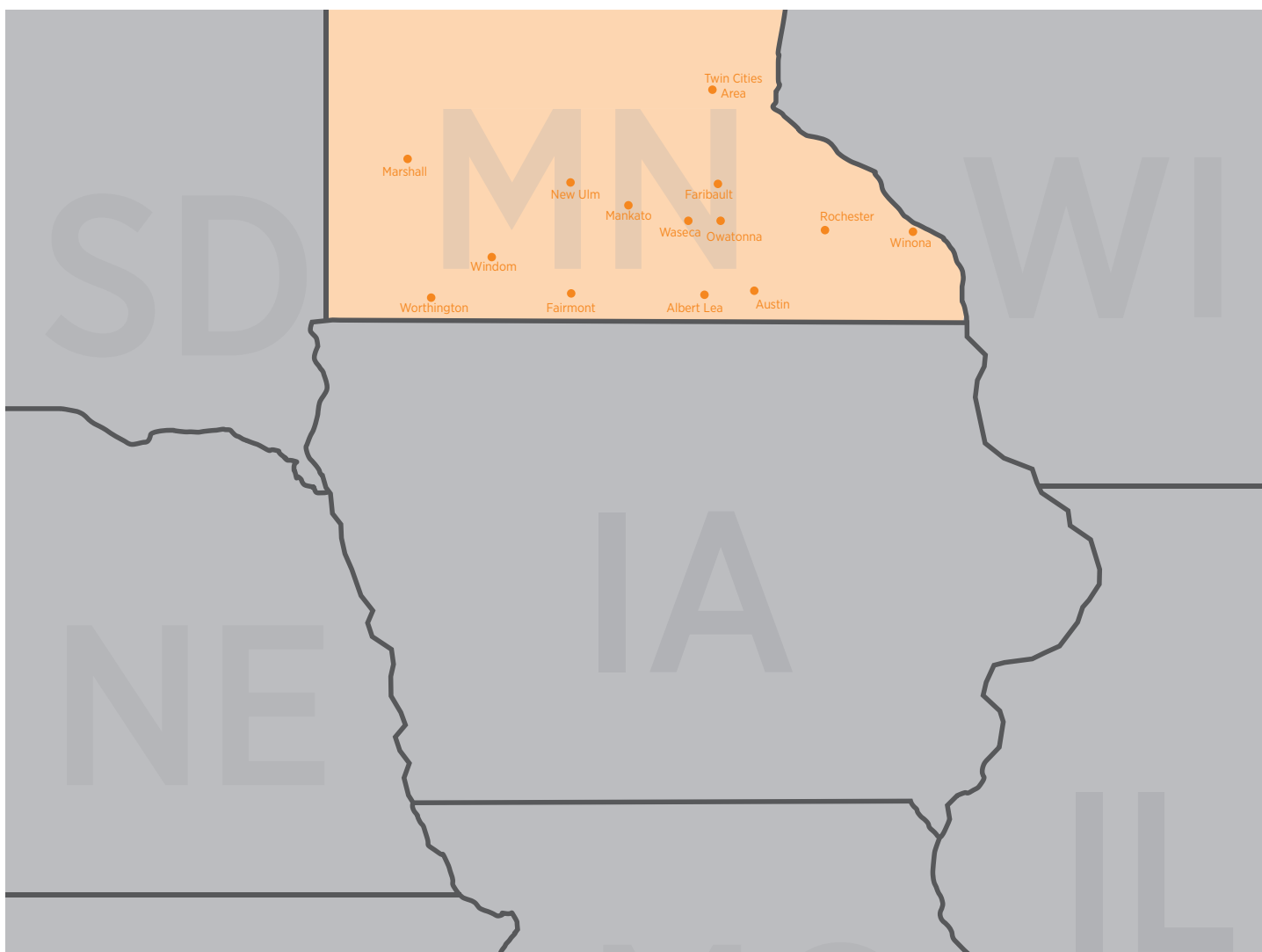
2019 Pharmacy Benefit:	
Prescription Drug Level	*Preferred Pharmacy
Tier 1 - Preventive	\$0
Tier 2 - Highly Cost Effective	\$15
Tier 3 - Cost Effective	\$50
Tier 4 - Somewhat Cost Effective	\$100
Tier 5 - Minimally Cost Effective	\$200

\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative pharmacy in that area.  
 Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on Huddle.

# PLAN OVERVIEW

## 2019 Medical plans available to employees working in Minnesota:

- Basic, Advanced, Premier and Premier - Achieve
- Employees working in the Twin Cities Metro area choosing to participate in the Premier Plan will use the Achieve Network of physicians and clinics. The Achieve network allows in-network coverage at HealthPartners and Park Nicollet Hospitals and Clinics only. To view a list of in-network hospitals and clinics, please visit [healthpartners.com](http://healthpartners.com) or Huddle.



### DON'T FORGET!

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Don't have an In-Store clinic near you? Check out Virtuwel – an online resource that allows you “see” a doctor 24 hours a day/ 365 days a year from ANYWHERE! A great tool when your primary doctor isn't close by! Pay just \$20/visit if you're covered on the Basic or Premier Plan! Charge is subject to deductible on the Advanced Plan.

## Basic Plan

The Basic Plan is a safe plan providing catastrophic coverage for you and your family; the premiums will be the least expensive of the three choices, however, the deductibles and out of pocket costs are larger than with the other two plans.

<b>Basic</b> All MN Locations		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$60 copay per Primary Care visit \$110 copay per Specialist visit	Deductible; then 50%
Preventive Screenings/Care	Covered at 100%	Deductible; then 50%
Emergency Room	Deductible; then 20%	Deductible; then 20%
Inpatient Hospital	Deductible; then 20%	Deductible; then 50%
Outpatient Services	Deductible; then 20%	Deductible; then 50%
Calendar Year Deductible (CYD)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Out-Of-Pocket Maximum *		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400

\* Out-of-Pocket – All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.

# PLAN OVERVIEWS (continued)

## Advanced Plan

The Advanced plan is the secure plan. It is a consumer driven health plan that provides you and your family financial benefits when you combine it with the health savings account and the match from Hy-Vee. In this plan, there are no office visit copayments or prescription drug copayments; you will pay the full cost for these services until your deductible is met, then all costs are covered at 100%.

Advanced All MN Locations		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit	Deductible; then covered 100%	Deductible; then covered 100%
Preventive Screenings/Care	Covered at 100%	Deductible; then covered 100%
Emergency Room	Deductible; then covered 100%	Deductible; then covered 100%
Inpatient Hospital	Deductible; then covered 100%	Deductible; then covered 100%
Outpatient Services	Deductible; then covered 100%	Deductible; then covered 100%
Calendar Year Deductible (CYD)		
Individual	\$2,700	\$5,400
Family *	\$5,400	\$10,800
Out-Of-Pocket Maximum		
Individual	\$2,700	\$5,400
Family	\$5,400	\$10,800

\* If you are on a family (two or more members covered) medical plan, your plan has two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to get medical bills covered prior to the entire dollar amount of the family deductible being met.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Tier 1, 2, 3 & Specialty	Deductible; then covered at 100%	Not Covered
Preventive Drugs **	\$25 copay	Not Covered

\*\*View the list of Preventive Drugs at [www.healthpartners.com](http://www.healthpartners.com)

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative Pharmacy in that area.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.

## Premier Plan – Achieve Network

The Premier Plan is the protected plan, it will provide the most complete coverage to you and your family. The premiums on this plan are the highest with the lowest deductibles and out of pocket expenses of the three plans. The Achieve Network providers include HealthPartners and Park Nicollet Hospitals and Clinics only. There is not coverage outside of HealthPartners Clinics and Park Nicollet Clinics/Hospitals unless there is an emergency.

Premier Achieve Network (Twin Cities Metro Only)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	No Coverage
Preventive Screenings/Care	Covered at 100%	No Coverage
Emergency Room (copay waived if admitted)	\$200 copay; Deductible; then 10%	No Coverage
Inpatient Hospital	Deductible; then 10%	No Coverage
Outpatient Services	Deductible; then 10%	No Coverage
Calendar Year Deductible (CYD) Individual Family	\$1,000 \$2,000	No Coverage
Out-Of-Pocket Maximum * Individual Family	\$2,500 \$5,000	No Coverage

\* Out-of-Pocket – All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.

# PLAN OVERVIEWS (continued)

## Premier Plan

The Premier Plan is the protected plan, it will provide the most complete coverage to you and your family. The premiums on this plan are the highest with the lowest deductibles and out of pocket expenses of the three plans.

Premier (Minnesota Locations outside Achieve Network)		
Medical Plan Provision	In-Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	Deductible; then 40%
Preventive Screenings/Care	Covered at 100%	Deductible; then 40%
Emergency Room (copay waived if admitted)	\$200 copay; Deductible; then 10%	\$200 copay; Deductible; then 10%
Inpatient Hospital	Deductible; then 10%	Deductible; then 40%
Outpatient Services	Deductible; then 10%	Deductible; then 40%
Calendar Year Deductible (CYD)		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-Of-Pocket Maximum *		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000

\* Out-of-Pocket – All medical and prescription drug copays, coinsurance, and deductibles apply to the Out-of-Pocket Maximum

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits, and exclusions. SPD is available at <http://hy-veebenefits.com> and on Huddle.



# PHARMACY

## 2019 HealthPartners Pharmacy Coverage:

**Important Reminder:** The chart below illustrates copays for the Premier and Basic Plans only; the Advanced Plan costs are subject to deductible as noted in the plan description.

2019 Pharmacy Benefit:	
Prescription Drug Level	*Preferred Pharmacy
Level 1 - Generic	\$10
Level 2 - Drug List	Lesser of: 30% or \$40
Level 3 - Drugs not on List	Lesser of: 50% or \$75
Specialty Drugs	Preferred: \$100 Non-Preferred: \$200

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact HealthPartners to locate an alternative pharmacy in that area.  
 Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on Huddle.

# OTHER CORE BENEFITS

## Life Insurance

- Coverage is administered by Hartford
- FT Employees: \$50,000; RT Employees: \$30,000
- Spouses: \$5,000 (until age 65) and Children: \$1,000
- Be sure to check your beneficiaries!

## Dental Insurance

- Coverage is administered by Delta Dental of IA
- \$50 Deductible/\$1,000 annual maximum benefit; 2 Free cleanings each year

To review all Medical Plan offerings, and see a list of copays, coinsurance and Out of Pocket Maximums; as well as detail on Dental, STD, LTD and/or Life Insurance please view the 2019 Benefit Reference Guide. Available on Huddle, <http://hy-veebenefits.com> or by request from your store Insurance Coordinator.

# 2019 WEEKLY RATES FOR BENEFITS

Coverage	Employee Only	Employee + Spouse <sup>1</sup>	Employee + Child(ren)	Employee + Family <sup>1</sup>
Medical - Basic <sup>1</sup>	\$8.86	\$22.24	\$18.19	\$29.82
Medical - Advanced <sup>1</sup>	\$29.73	\$68.15	\$55.76	\$91.38
Medical - Premier -BlueAccess <sup>1</sup>	\$34.81	\$79.33	\$64.91	\$106.38
Medical - Premier <sup>1</sup>	\$44.81	\$101.32	\$82.90	\$135.86
Dental	\$1.47	\$3.32	\$3.43	\$5.16
Short Term Disability FT/RT	\$1.35/\$.99	NA	NA	NA
Life Insurance FT/RT	\$.38/\$.23	\$.43/\$.28	\$.43/\$.28	\$.43/\$.28

<sup>1</sup>Rates do not include potential tobacco/nicotine Surcharge; add \$10/week if you or your spouse are incomplete for tobacco/nicotine attestation, add \$20/week if you and your spouse are incomplete for tobacco/nicotine attestation.

# ELECTIVE BENEFITS

Enrollment will be open **without medical questions** for the following elective benefits:

- Vision
- Critical Illness
- Accident
- Hospital Indemnity

Enrollment in the Cancer and/or Voluntary Life coverage will require answering medical questions and underwriting approval.

Go to <http://hy-veebenefits.com> to make changes to your current elections or to view enrollment options during the current Open Enrollment period for yourself, your spouse and your dependents.

## IMPORTANT REMINDERS FOR 2019 OPEN ENROLLMENT:

- If you wish to make changes to any of your Benefit Plan elections, including enrolling in medical or dependent care flexible spending accounts, login to <http://hy-veebenefits.com> by November 30, 2018.
- If you are a non-tobacco/nicotine user don't forget to complete the tobacco/nicotine attestation form by November 30, 2018, to avoid the surcharge beginning with your first 2019 paycheck!

### TIPS FOR USING <http://hy-veebenefits.com>

#### First Time Registration

1. Navigate to [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click on the "Register" button
3. Enter SSN or Employee ID (same as Huddle), and Date of Birth
4. Create a user name, password and choose a security phrase

#### Resetting Your Password

1. Access [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click on "Forgot your Password" hyperlink under login
3. Enter SSN, Date of Birth and answer security phrase
4. Create a new password

#### Adding a Life Event During Enrollment

1. Go to [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click on "Change my Benefits" and follow the instructions. Make sure to not only add the event, but also make appropriate benefits elections for yourself and any new dependents
3. Be sure to complete all screens, making current year elections AND open enrollment elections.

Once you access the site, proceed through ALL screens until you reach your Benefit Summary. Once you've reviewed your elections click on I APPROVE. You will receive a confirmation number - this means your transaction is complete. If you do not receive a confirmation number your elections will NOT be saved. Write down or Print all confirmation numbers for your records.

#### Accessing Your Benefit Summary

If you wish to REVIEW your current or Open Enrollment Elections, click on "Benefits Summary". **DO NOT START A NEW TRANSACTION UNLESS YOU WISH TO MAKE OTHER CHANGES.**

# DEPENDENT VERIFICATION DOCUMENT LIST

If the proper documentation is not provided, dependent(s) cannot be added to the benefit plan. If proper documentation is obtained at a later date, dependent(s) may be added at the next open enrollment. Necessary verification documents for adding each type of dependent are as follows:

## **Legal Spouse**

The covered employee's husband or wife under federal law

Document Options for Verifying Eligibility:

- Government Issued Marriage Certificate and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Marriage Certificate and Proof of Joint Ownership Issued Within Last 6 Months OR
- Government Issued Marriage Certificate Only (if married in the past 12 months)

## **Common Law Spouse**

- Document Options for Verifying Eligibility:
- Notarized Affidavit of Common Law Marriage and Proof of Joint Ownership Issued Within Last 6 Months

## **Biological Child**

- Age Requirement: Under 26
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate

## **Disabled Biological Child**

- Age Requirement: Under 26
- Must be medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate

## **Disabled Biological Child 26 and Over**

- Age Requirement: 26 and over
- Must be unmarried and medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate

## **Adopted Child**

- Age Requirement: Under 26
- Document Options for Verifying Eligibility:
- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

## **Disabled Adopted Child**

- Age Requirement: Under 26
- Must be medically certified as disabled
- Document Options for Verifying Eligibility:
- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

## **Disabled Biological Child 26 and Over**

- Age Requirement: 26 and over
- Must be unmarried and medically certified as disabled
- Document Options for Verifying Eligibility:
- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

## **Foster Child**

- Age Requirement: Under 26
- Document Options for Verifying Eligibility:
- Foster Care Letter of Placement

## **Legal Ward**

- Age Requirement: Under 26
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

**Disabled Legal Ward**

- Age Requirement: Under 26
- Must be medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

**Disabled Legal Ward 26 and Over**

- Age Requirement: 26 and over
- Must be unmarried and medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

**Step Child**

- Age Requirement: Under 26
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

**Disabled Step Child**

- Age Requirement: Under 26
- Must be medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

**Disabled Step Child 26 and Over**

- Age Requirement: 26 and over
- Must be unmarried and medically certified as disabled
- Document Options for Verifying Eligibility:
- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

**Qualified Medical Support Order**

- Age Requirement: Under 26
- Qualified Medical Child Support Order (ordered for the employee)
- Document Options for Verifying Eligibility:
- Qualified Medical Child Support Order





