

An aerial photograph of a large, white, cylindrical water tower with a blue wave graphic and the word "FARMINGTON" in blue capital letters. The tower is situated in a suburban area with green lawns, baseball fields, and residential houses. The sky is clear and blue. On the left side of the image, there is a decorative graphic consisting of several overlapping circles in various colors (green, yellow, orange, blue, teal).

FARMINGTON

**LET'S TALK
ABOUT YOUR
2022
BENEFITS**

ENROLL FOR 2022 BENEFITS



BENEFITS OVERVIEW

City of Farmington is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and City of Farmington provides other benefits at no cost to you (life, accidental death & dismemberment and LTD). In addition, there are voluntary benefits with reasonable group rates that you can purchase through City of Farmington payroll deductions.

Benefit Plans Offered

- Medical
- Dental
- Vision
- Life and AD&D Insurance
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Long-Term Disability
- Decreasing Term Life (NCPERS)
- Additional Insurances

Eligibility

You and your dependents are eligible for City of Farmington benefits on the first of the month after 30 days from date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or City of Farmington eligible dependents. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy form for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.





Medical Benefits

Through Sourcewell, Administered by HealthPartners

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way— especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

PLAN	SMARTPLAN 3-\$2,800 HDHP.HSA RX PLUS OPEN ACCESS	SMARTPLAN 3 -\$2,800 HDHP.HSA RX PLUS ACHIEVE
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IN-NETWORK PLAN DESIGN FEATURES

Deductible	\$2,800/person \$5,600/family	\$2,800/person \$5,600/family
Coinsurance	100/0%	100/0%
Medical Out-of-Pocket Maximum (includes Medical & Rx)	\$2,800/person \$5,600/family	\$2,800/person \$5,600/family

MEDICAL

Preventative Care	100% coverage	100% coverage
Office Visit/Urgent Care	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% after deductible	100% after deductible
Lab & Pathology	100% after deductible	100% after deductible
X-ray & Other Imaging	100% after deductible	100% after deductible
Inpatient Hospitalization	100% after deductible	100% after deductible
Outpatient Hospitalization	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible
Emergency Room Physician	100% after deductible	100% after deductible

PRESCRIPTION DRUGS - PREFERRED RX FORMULARY

Retail - 1 month Supply Mail Order - 3 Month Supply	Generic formulary and brand formulary \$100% after deductible Generic non-formulary and brand non-formulary Not Covered	Generic formulary and brand formulary \$100% after deductible Generic non-formulary and brand non-formulary Not Covered
Preventive Drugs	Participating Pharmacies Rx - preventive drugs - generic: \$0 copay Rx - preventive drugs - brand: \$50 copay Rx - preventive mail order drugs - generic: \$0 copay Rx - preventive mail order drugs - brand: \$100 copay	Participating Pharmacies Rx - preventive drugs - generic: \$0 copay Rx - preventive drugs - brand: \$50 copay Rx - preventive mail order drugs - generic: \$0 copay Rx - preventive mail order drugs - brand: \$100 copay
Specialty	Generic formulary and brand formulary \$100% after deductible Generic non-formulary and brand non-formulary Not Covered	Generic formulary and brand formulary \$100% after deductible Generic non-formulary and brand non-formulary Not Covered

OUT-OF-NETWORK PLAN DESIGN FEATURES

Deductible	\$5,600/person \$11,200/family	\$13,000/person \$26,000/family
Coinsurance	80%/20%	50%/50%
Medical Out-of-Pocket Maximum (includes Medical & Rx)	\$8,400/person \$16,800/family	\$20,000/person \$40,000/family

RATES	OPEN ACCESS	ACHIEVE	HRA/HSA CITY CONTRIBUTION
Employee Only	\$588.81	\$558.87	\$140.00
Employee + Children	\$1,321.43	\$1,252.56	\$280.00
Employee + Spouse	\$1,271.52	\$1,205.65	\$280.00
Family	\$1,820.55	\$1,721.74	\$280.00

*The Employee will direct if the employer funds should go to the HRA or HSA on an annual basis.

This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

Spending Accounts

HEALTH SAVINGS ACCOUNT (HSA)

Administered by Further

A Health Savings Account (HSA) is an individually owned, tax-advantaged account that is used to pay for current or future medical expenses, for you, yourself, and your tax dependents.

HSA contributions are from pretax dollars. For 2022, the maximum contributions into the HSA as established by the US Department of Treasury are:

- \$3,650 single coverage
- \$7,300 family coverage (including single+spouse and single+children coverage).

Employees age 55 and older who are covered by one of the HSA high deductible health plans can make additional catch-up contributions of up to \$1,000 each year until they enroll in Medicare.

Any funds left in your HSA account at year-end will automatically roll over from year to year. The HSA account is yours to keep even when you change jobs, health plans or retire.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a “limited scope” FSA or HRA. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also an HDHP/HSA. If you are covered by a spouse’s medical insurance plan or full flexible spending account, you are not eligible to participate in an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another’s tax return or those covered under TRICARE.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA/VEBA)

Administered by Further

The Health Reimbursement Arrangement (HRA) account is intended to provide pre-tax contribution and tax free interest growth to either pay qualified out-of-pocket medical expenses and/or save for qualified medical expenses after retirement.

Money is contributed by the City on behalf of the employee to a tax exempt, trust account called a VEBA. This is an account that is funded only by the employer, no employee contributions.

HRA plans are not “use it or lose it”, but claims must be submitted within one year of the date they were incurred in order to be reimbursed.

How do they compare?

Health Savings Account (HSA)

- Individual tax exempt trust or custodial account
- Health Plan requirements (other coverage-FSA or HRA accessibility, etc.)
- Contributions can be made by both employers and employees
- All 213(d) expenses and certain insurance premiums (Medicare Supp premiums not allowed)
- Portability - individually owned, COBRA does not apply
- No substantiation of claims required at time of withdrawal (keep receipts for IRS)
- Participants will not be reimbursed for amounts that exceed the balance of their HSA
- Participants designate a beneficiary of the account

Health Reimbursement Arrangement (HRA)

- Sponsored solely by the employer - may establish a trust (VEBA)
- No requirements other than employer plan design choice
- Employer funded only - no employee contributions
- All 213(d) expenses and certain insurance premiums (Medicare Supp premiums are allowed)
- May be continued under COBRA or by plan design (spend down feature)
- Claims may need to be substantiated at time of withdrawal
- Participants will not be reimbursed for amounts that exceed balance in the HRA
- No beneficiary designation

Spending Accounts

Flexible Spending Accounts (FSAs) – Health and/or Dependent Care Reimbursement

Administered by Further

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

The Flexible Spending Account allows you to set aside “pre-tax” dollars to pay for:

- Dependent Care Expenses (up to a maximum of \$5,000 per year)
- Health Care Reimbursement (up to a maximum of \$2,750 per year, with the ability to roll over \$500 per year)
- Limited Scope Reimbursement for vision and dental only (up to a maximum of \$2,750 per year)

Here's How an FSA Works

1. You decide the annual amount (up to \$2,750 or \$5,000 based on account type) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

NOTE: If you participate in the HSA health plan you may ONLY participate in the Limited Scope Reimbursement Plan for vision and dental claims, and not the Health Care Reimbursement plan. You may also participate in the Dependent Care Reimbursement Plan.



Employee Assistance Program

Employees lead busy lives, and everyday challenges can take a toll on their work. HealthPartners Employee Assistance Program (EAP) gives them the resources they need to manage stress and be more productive at work.

Because life is busy and not everyone seeks help the same way, your employees get 24/7, unlimited access to their EAP anywhere, all the time. Giving them the help they need when they want it and the way they want it.

Phone

Masters-level counselors are available when your employees' worries keep them up at night and away from work. Interpreters are also available in more than 200 languages.

Mobile

Employees can get help on-the-go with the iConnect You mobile app for iPhone or Android. They can use it for video visits with a counselor or get help finding child and elder care.

Online

Through our inviting and informative website your employees will enjoy monthly topics, a savings center, online seminars and thousands of articles and tips sheets.

Texting/instant messaging

For your employees who want to keep their conversations private, they can message EAP counselors and work-life specialists through LiveCONNECT™ and the iConnectYou mobile app.

We're here for you

HealthPartners EAP is simple and easy to use. Call, text or access resources anytime.

Call 866-326-7194 or TTY 866-228-2809

Text US HPEAP and your concern or question to 919-324-5523

Log on to hpeap.com using the password: sourcewell





Voluntary Dental Benefits

Administered by Ameritas

Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Farmington dental plan. The plan has been designed so it's easy to use and gives you and your family maximum flexibility, network savings, an unparalleled commitment to service and peace of mind. Spouse and/or dependent up to age 26 are eligible for dental coverage.

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems. Recent medical studies have shown:

- Women are 7.9 times more likely to deliver a preterm infant if they have gum disease while pregnant.
- The inflammatory effects of gum disease also cause inflammation of the arteries, increasing the chance of having a stroke.
- People with gum disease are 1.9 times more likely to die from a heart attack

Key Advantages of this Dental Plan

- Save money by buying dental insurance.
- Go to ANY dentist of your choice.
- Get the negotiated discounts by going to a PPO network provider.
- Keep your mouth healthy by going in for your regular dental care.

Log in to Integrity Employee Benefits' HRconnection website for much more information on these benefits.

To log in go to: www.hrconnection.com

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	IN-NETWORK	OUT-OF-NETWORK
Deductible (calendar year)	\$25/Calendar year Type 2 & 3 Waived Type 1	\$75/Calendar year Type 2 & 3 Waived Type 1
Annual Maximum	\$1,500 per year	\$1,500 per year
Orthodontia	50% to \$1,500 lifetime	50% to \$1,500 lifetime
Type I Preventative Services (deductible does not apply)		
<ul style="list-style-type: none"> • Oral exams • Cleanings • X-rays • Fluoride treatment (18 and under) 	100% of fee schedule	100% of usual and customary
Type II Basic Services		
<ul style="list-style-type: none"> • Amalgam and composite restorations • Simple and complex extractions • Space maintainers • Periodontics • General anesthesia 	100% of fee schedule	80% of usual and customary
Type II Major Procedures		
<ul style="list-style-type: none"> • Endodontics • Crowns • Dentures • TMD 	60% of fee schedule	50% of usual and customary
Type IV Orthodontic Procedures		
<ul style="list-style-type: none"> • Implants • Implant Services 	25% of fee schedule	25% of usual and customary
COVERAGE	COST PER MONTH	
Employee only	\$44.84	
Family	\$143.28	

Limitations & Exclusions: This summary represents a general overview. It is being provided before the issuance of the certificate. All of our dental policies include exclusions, limitations, and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims submitted to us. For complete plan details: This summary is intended to provide an overview of the benefits available from your employer and is not intended to be a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy of the Dental Certificate from your employer.

Voluntary Vision Benefits

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. VSP is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Benefit	Description	Copay
WellVision Exam—Every Calendar Year		
	Focuses on your eyes and overall wellness	\$20
Frames — Every Calendar Year		
	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Walmart/Costco frame allowance 	Included in Prescription Glasses
Lenses — Every Calendar Year		
	<ul style="list-style-type: none"> • Single vision, Lined bifocal, and lines trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses
Lens Enhancements — Every Calendar year		
	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$95-\$105 \$150-175
Contacts — Every Calendar year		
	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60
Extra Savings		
Glasses and Sunglasses	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam 	
Retinal Screening	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	
COVERAGE		COST PER MONTH
Employee		\$8.49
Employee + One		\$13.59
Employee + Child(ren)		\$13.87
Employee + Family		\$22.36

Log in to Integrity Employee Benefits' HRconnection website for much more information on these benefits.

To log in go to: www.hrconnection.com

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Life and Accidental Death & Dismemberment Insurance



Insured by SunLife Financial

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by City of Farmington. The City of Farmington provides basic life insurance of \$50,000 at no cost to you.

Basic Life & AD&D Insurance Benefits

- Basic Group Term Life Insurance equal to \$50,000
- Accidental Death and Dismemberment (AD&D) Insurance would pay an additional benefit, up to the amount of your Life Benefit, if you suffer a covered loss due to an accidental injury.
- Accelerated Benefits help offset expenses at a critical time. You may collect a portion of your benefits during your lifetime if you become terminally ill.
- If you leave, you may be able to convert your group life coverage to individual life insurance. See your employer for details.

How to Enroll

Basic group term life coverage begins automatically once you meet the eligibility requirements and satisfy any waiting period applicable to your policy. You'll need to designate beneficiaries for your basic life benefits using our Beneficiary Designation form or Group Online Enrollment form. Check with your employer for the necessary forms and for additional coverage options that may be available.



Voluntary Life and AD&D Insurance



Insured by Sun Life Financial

You may purchase life and AD&D insurance in addition to the city-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible.

- For you: An amount between \$5,000 and \$500,000 in increments of \$5,000. Guaranteed Issue Amount is \$150,000.
- For your spouse: An amount up to \$250,000, in increments of \$5,000. Guaranteed Issue Amount is \$75,000.
- For your dependent child(ren): An amount of \$10,000 or \$15,000 for each eligible child from birth to 26 years.

Features of the Plan

Your employer's plan includes Optional Accidental Death and Dismemberment (AD&D) Insurance which would pay an additional benefit, up to the amount of your Optional Life benefit, if you suffer a covered loss due to accident. The plan also includes many special features including Waiver of Premium and Accelerated Benefits.

How to Enroll

Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by your employer or enroll online (if available). Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

OPTIONAL LIFE RATES			
AGE	EMPLOYEE	SPOUSE	CHILD(REN)
	MONTHLY COST PER \$1,000 OF COVERAGE		MONTHLY COST
Under 20	\$0.075	\$0.075	All Eligible Children: \$0.090 for \$10,000 Or \$1.350 for \$15,000
20–24	\$0.075	\$0.075	
25–29	\$0.075	\$0.075	
30–34	\$0.108	\$0.108	
35–39	\$0.108	\$0.108	
40–44	\$0.119	\$0.119	
45–49	\$0.185	\$0.185	
50–54	\$0.251	\$0.251	
55–59	\$0.416	\$0.416	
60–64	\$0.691	\$0.691	
65–69	\$1.241	\$1.241	
70 and over	\$1.846	\$1.846	

*Employee and Spouse rates are based on employee's age as of January 1st.

For Complete Plan Details

This information is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this information does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer.

Disability Insurance

Long-Term Disability Insurance (LTD)

Administered by Madison National

What happens if I'm sick or injured and can't work for months...or even years? If a sudden illness or serious accident occurred, you could go from breadwinner to dependent in the blink of an eye. And the chances of that happening are much greater than you may think:

- Almost 3 in 10 workers entering the work force today will become disabled before retiring.
- The average long-term disability absence is 2.5 years. Disability can have long-lasting financial consequences.
- Nearly 50% of all mortgage foreclosures are the result of disability, compared to 2% caused by death.
- Two-thirds of applicants to the Social Security Disability Insurance program are initially denied, and the wait for appeals averages more than 500 days.
- With an average monthly benefit of \$978, Social Security Disability Insurance is often not enough to maintain the standard of living of those who qualify.

Key Advantages of this Plan

- It protects your income if you can't work because of a disability.
- It covers 60% of your gross monthly income to a maximum of \$5,000 per month.
- The benefit can begin after **180 days** of a disability for Bargaining Employees and **60 days** of a disability for Non-Bargaining Employees.
- Once the benefit begins, the benefit can continue for up to your National Social Security Retirement Age.

Voluntary Short-Term Disability Insurance (STD)

Administered by Dearborn National

Benefit Period	9 weeks for Non-Bargaining Employees and 26 weeks for Bargaining Employees
Portable	If you change jobs you can take your coverage with you at the same affordable rates.
Waiver of Premium	Is included if you are still disabled after 90 days.
Partial Disability Benefits	Available should you be able to work at your job or any other job for less than 20 hours per week after receiving total disability benefits for at least one full month.
Own Occupation	Definition of disability and WORLDWIDE COVERAGE.

You may select your level of coverage from weekly benefits of \$100 to \$1000 in \$50 increments, not to exceed 60% of weekly gross earnings

This benefits summary is only a general description of benefits; see insurance certificate for details. Actual benefits will be determined by the insurance company's claims office.

****Please note, Short-Term Disability coverage has a 12/12 preexisting condition clause, which means having a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the policy.**

WEEKLY BENEFIT**	0-19	20-24	25-29	30-34	35-39	40-44	45-59	50-54	55-59	60-64	65-69	70+
per \$100	\$4.13	\$4.14	\$4.31	\$4.06	\$3.90	\$4.15	\$4.47	\$5.54	\$7.35	\$9.26	\$9.46	\$10.70

**monthly premium per \$100 of monthly benefit limited by annual salary. Please see plan documents for full rate details.

To Calculate Monthly Premium: (Monthly Benefit/100 x Rate = Monthly Premium)

Log in to Integrity Employee Benefits' HRconnection website for much more information on these benefits.

To log in go to: www.hrconnection.com

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NCPERS

NCPERS/Decreasing Term Life Insurance

Provided by National Conference on Public Employee Retirement Systems

Coverage is available at a lower group cost through the purchasing power of the National Conference on Public Employee Retirement Systems. Every member, regardless of age, pays the same cost—just \$16 a month. Your cost does not increase with age. The plan pays a maximum benefit amount in your younger years and a gradually decreasing benefit amount in your older years.

Advantages

- Guaranteed Acceptance—no health questions asked
- 24/7 Coverage—on or off the job
- Affordable—\$16 a month regardless of your age
- Easy Payment—by automatic payroll deduction

Schedule of Benefits—\$16 Monthly Contribution (covers you, your spouse or domestic partner, and your children)					
Member				Dependent	
Members Age at time of claim	Group Term Life	Group AD & D	Total Benefit for Accidental Death	Group Term Life Spouse/Domestic	Group Term Life Children
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25–29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30–39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40–44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45–49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50–54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55–59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60–64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Payment Examples

1. If an insured member at age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
2. \$200,000 would be payable.
3. If the spouse or domestic partner of a 42 year old member dies, the member would receive \$18,000.
4. If a dependent child less than age 26 dies, the payment to the member would be \$4,000.

Additional Insurances

Accident Insurance

Provided by Cigna

Common injuries like major cuts, fractures or dislocations can result in hundreds of dollars in out-of-pocket medical expenses. The accident plan helps cover unexpected expenses such as deductibles, copays, coinsurance and includes benefits for initial care, treatment, hospitalization, follow up care plus accidental death & dismemberment. You have the opportunity to receive a benefit of \$50 for simply having your annual wellness visit. This coverage is available to employees, spouses and/or dependent children.

	Plan 1	Plan 2
Employee only	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Critical Illness Insurance

Provided by Cigna

This plan will give you a lump-sum benefit that you elect for the following illnesses: Invasive Cancer, Heart Attack, Stroke, Kidney Failure, Major Organ Transplant, Amyotrophic Lateral Sclerosis, Paralysis, and Blindness. An annual wellness benefit of \$75 is paid for the following tests but is not limited to: mammography, bone marrow testing, pap smear, breast ultrasound, colonoscopy, and certain blood tests. All benefits are paid directly to you.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000	Up to \$10,000
Spouse	50% of employee amount	Up to \$5,000
Children	25% of employee amount	All guaranteed issue

Issue Age	Employee	Employee + Spouse	Employee + Children	Family
<25	\$5.82	\$10.39	\$6.19	\$10.76
25 to 29	\$6.59	\$11.55	\$6.97	\$11.92
30 to 34	\$8.52	\$14.30	\$8.90	\$14.68
35 to 39	\$11.73	\$19.18	\$12.10	\$19.55
40 to 44	\$15.00	\$24.18	\$15.37	\$24.55
45 to 49	\$21.57	\$34.27	\$21.94	\$34.64
50 to 54	\$29.49	\$47.60	\$29.87	\$47.97
55 to 59	\$39.41	\$64.34	\$39.79	\$64.72
60 to 64	\$50.53	\$82.90	\$50.90	\$83.27
65 to 69	\$62.42	\$100.39	\$62.79	\$100.76
70 to 74	\$87.29	\$138.29	\$87.66	\$138.67
75 to 79	\$121.61	\$182.09	\$121.99	\$182.46
80 to 84	\$153.67	\$223.14	\$154.04	\$223.51
85 +	\$189.66	\$293.71	\$190.04	\$294.09

* The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical	HealthPartners	952.883.5000	www.healthpartners.com
HSA, HRA, FSA	Further	651.662.5065	www.hellofurther.com
Employee Assistance Program	HealthPartners	866.326.7194	www.hpeap.com
Dental	Integrity Benefits	651.437.7977	www.integrityeb.com
Vision	Integrity Benefits	651.437.7977	www.integrityeb.com
Life and AD&D Insurance	Integrity Benefits	651.437.7977	www.integrityeb.com
Voluntary Life and AD&D Insurance	Integrity Benefits	651.437.7977	www.integrityeb.com
Voluntary Short-Term Disability	Integrity Benefits	651.437.7977	www.integrityeb.com
Long-Term Disability	Integrity Benefits	651.437.7977	www.integrityeb.com
Additional Insurances	Integrity Benefits	651.437.7977	www.integrityeb.com



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)
Af Soomaali (Somali)	OGAYSIIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)

Additional languages listed on page 2

ພາສາລາວ (Laotian)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)
Tagalog (Tagalog)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)
Oroomiffa (Cushite [Oromo])	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)
አማርኛ (Amharic)	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ደርጅቶች፣ በአጼ ሊዮንዘምት ተዘጋጅተዋል፡ ወደ ሚኒሱለው ቅጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)
unD (Karen)	ဟ်သုဉ်ဟ်သး- နမုၢ်ကဝိၤ ကညီ ကျိၣ်အသိၣ်. နမုၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကိၣ်သ့ၣ်လၢကိၣ်စ့ၢ် နီတမံၤဘၣ်သ့ၣ်န့ၢ်လီၤ. ကိ: 1-800-883-2177. (TTY: 711)
ខ្មែរ (Mon-Khmer, Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ជូរ ឆ្លុះស៊ីព្វ 1-800-883-2177. (TTY: 711)
Deutsch (Pennsylvanian Dutch)	Wann du Deutsch schwetzsch, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)
اردو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)
ภาษาไทย (Thai)	เชียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)
ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)
Diné Bizaad (Navajo)	Díi baa akó nínízin: Díi saad bee yánilti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíilnih 1-800-883-2177. (TTY: 711)

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This benefit summary prepared by

