Agenda

- Open Enrollment resources
- Medica Presentation
- Avesis Presentation
- Delta Dental Presentation
- Unum Presentation
- EBC Presentation
Grand Forks Open Enrollment

URL: www.Grandforks.bswift.com

Username: Employee ID located on your badge

Password: Date of Birth(MMDDYYYY)
Additional Enrollment Option...

• Call in to the enrollment call center at (866) 330-4485
• Dates: August 1\textsuperscript{st}-16\textsuperscript{th}
• Times: 7am-7pm CST

The call center’s licensed enrollers can answer your questions and help you choose the coverage that is best for you!
ABOUT MEDICA | Overview

WHO WE ARE

Minnesota
based company founded in 1975

1,550 employees

Not-for-profit
for community focus and investments in the right areas

5 Locations
in MN, ND, and NE

1 Foundation
for charitable grant-making

WHAT WE DO

Nearly 1 million members

<table>
<thead>
<tr>
<th></th>
<th>193,000</th>
<th>26,000</th>
<th>125,000</th>
<th>643,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and Families</td>
<td></td>
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</tr>
<tr>
<td>Medicaid</td>
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<tr>
<td>Medicare</td>
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<tr>
<td>Commercial</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

13
Accountable Care Organization Partnerships

9
States

200+
Products / market solutions
LEARN ABOUT YOUR NETWORK OPTIONS
### OVERVIEW

- 27,000 Primary care physicians
- 4,000 clinics, offices, and hospitals
- 800,000 national providers
- 68,000 national pharmacies

### STRENGTHS

- No referrals needed when in-network
- Broad access nationally
- Simple, easy and convenient
- Virtual Care: Amwell & Virtuwell
NETWORK | Altru and You with Medica

- More than 40 primary care clinics and 17 hospitals
- 70 primary and specialty care clinics
- Medica’s standard networks for chiropractic, behavioral health, pharmacy, urgent care, and emergency care
- Referral needed to seek care outside of Altru
  - Advanced specialty care available at Mayo Clinic
- Access to Medica’s national travel network when outside of ND, MN, and Western WI
- Altru eVisit available through My Health patient portal
- Lower cost premiums

Primary service area:
Northwestern Minnesota
Northeastern North Dakota
Direct access to specialists. See primary or specialty care providers in the Altru network without a referral.

Specialized programs at Altru Advanced Orthopedics include joint replacement, cartilage restoration, specialized hand and shoulder surgery, and concussion management.

Free or discounted wellness programs and unique ways to earn rewards*
- Free biometric screening and body composition analysis
- 50% off sessions with an Altru health and wellness coach
- 50% off Altru’s Weight Management, an HMR program, and 10% off food
- Ways to earn rewards for healthy habits. Complete activities and earn points along the way, which you can redeem for gift cards.

*As of 1/1/18, Altru & You members have extra ways to earn points, including participating in programs and other activities.
ALTRU & YOU WITH MEDICA | Enhanced Consumer Experience

New Express Services designed to fit your life.

We want what’s best for you. We’re here to help you feel better as soon as possible.

Illness or injury never come at convenient times. That’s why Altru Express is all about providing quick, quality care when you need it, and how you want it. Whether it’s a sneaky cough, ear infection, ankle sprain or another health inconvenience life throws your way, Altru Express is an easy way to reach trusted, local experts.

If you or a loved one is experiencing a life-threatening injury or illness, call 911.
HMR was ranked No. 1 for “Best Fast Weight Loss” in U.S. News & World Report’s annual diet rankings for the third year in a row.

Simplicity and speed are the keys to HMR’s success. By keeping the plan simple (with very few decisions about what to eat), people can lose weight quickly, while learning and building new lifestyle skills they can sustain over the long term.

HMR specializes in helping those with more than 20 lbs. to lose. The program is backed by over 30 years of clinical success and is offered in select U.S. hospitals and medical centers. The program can also be followed at home, as a self-guided option. www.hmprograms.com/altruwmp
When You Visit a network provider, you receive:

- The best coverage under your plan
- The Medica discounted rate

When you visit a non-network provider, you receive:

- Lower coverage under your plan
- Your share of the costs based on the provider’s full charges
NETWORK | Cost Differences

LOW COST
FREE
CallLink Nurse Line

$-
Virtual care
E-visits
Convenience care
Retail clinics

HIGHER COST
$-
Office visit

$\$-
Urgent care

$\$\$-
Emergency room
Preventive care is primary care provided when you are well. It helps you maintain good health and avoid health problems.

**Typical covered preventive services:**
- General medical exams, immunizations, routine eye exams
- Colon, breast and prostate cancer screenings
- Certain laboratory tests, as recommended by your physician
- Women’s Preventive Care (per ACA 2012), including:
  - Contraception and counseling
  - Gestational diabetes screening
  - Breastfeeding supplies
  - HPV DNA testing
  - STD counseling
  - HIV screening
  - Domestic violence screening/counseling
## Benefits Overview | Your Summary of Benefits

<table>
<thead>
<tr>
<th></th>
<th>MSI Passport 1000 - 80% In-Network Benefit</th>
<th>MSI Altru &amp; You with Medica In-Network Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,000 per person; $1500 per person + child(ren); $2000 per family</td>
<td>$1,000 per person; $1500 per person + child(ren); $2000 per family</td>
</tr>
<tr>
<td><strong>Out of Pocket Maximum</strong></td>
<td>$3,000 per person; $4500 per person + child(ren); $6,000 per family</td>
<td>$3,000 per person; $4500 per person + child(ren); $6,000 per family</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100% Coverage</td>
<td>100% Coverage</td>
</tr>
<tr>
<td><strong>Office Visit and Urgent Care</strong></td>
<td>$25 copay, then 20% coinsurance. Deductible does not apply.</td>
<td>$25 copay, then 20% coinsurance. Deductible does not apply.</td>
</tr>
<tr>
<td><strong>Hospitalization In-patient</strong></td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td><strong>Hospitalization Out-patient</strong></td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Generic: $15 copay, then 20% coinsurance Preferred: $20 copay, then 20% coinsurance Non-Preferred: $20, then 50% coinsurance Deductible does not apply.</td>
<td>Generic: $15 copay, then 20% coinsurance Preferred: $20 copay, then 20% coinsurance Non-Preferred: $20, then 50% coinsurance Deductible does not apply.</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$75 copay, then 20% coinsurance. Deductible does not apply.</td>
<td>$75 copay, then 20% coinsurance. Deductible does not apply.</td>
</tr>
</tbody>
</table>
• **90-day refill option**
  - Up to 3-month supply per refill
  - You may pay three copays for a three-month supply at participating pharmacies
  - Online ordering is available from many pharmacies

• **Mail order**
  - Medications delivered to your home
  - Up to three-month supply
  - Copays and coinsurance apply

*Ask your doctor if a 60- or 90-day Rx is appropriate*
BENEFITS OVERVIEW | Specialty Drugs

Specialty medications:
- Defined as self-injectable, oral, high-tech or high cost
- For treatment of diseases requiring complex therapies
- May require special handling
- Most often prescribed by specialists

Specialty drug vendor:
- Accredo specialty pharmacy
Mobile application makes it easy to manage prescription benefits on the go: check drug costs, locate pharmacies and even view prescription drug history.

Check Drug Cost tool
Find out if your drug is covered and where to get the lowest cost. You’ll also learn about possible lower-cost alternatives.

Pharmacy Locator tool
Search an extensive list of all retail pharmacies in your plan and find the most convenient locations. You are not limited to using CVS Pharmacy™.

Temporary ID card
Can’t find your ID card? We’ve got you covered. Print a temporary Medica prescription ID card so you can pick up your prescriptions right away.
Mobile technologies make it easy to manage prescription benefits on the go.

- Check drug costs
- Locate a pharmacy
- View prescription drug history
- Print forms and ID cards
Your name and covered dependents
Your copayment and coinsurance amounts
Important phone numbers
Secure ID number
Group policy number

- Customer Service: 952-945-8000 or 800-952-3455 (hearing impaired 711)
- Pharmacists: 800-364-6331
- Medica Providers: 800-458-5512
- Notification Services: 866-745-9920
- UnitedHealthcare Providers: 800-842-3210
- Medica Behavioral Health: 800-848-8327
- Medica CallLink Nurseline: 800-962-9497
VALUE-ADDED SERVICES
# MY HEALTH REWARDS®

Through the end of 2019

## MY HEALTH REWARDS® (STANDARD)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Compass™</th>
<th>Next Steps Consult™</th>
<th>Journeys™</th>
<th>Track™</th>
<th>Virtual Care</th>
<th>Monj</th>
<th>Care Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>POINTS PER ACTION</td>
<td>100</td>
<td>25</td>
<td>50 each</td>
<td>1 per day</td>
<td>25</td>
<td>25 for access, 1 per day</td>
<td>200 once per year (if identified)</td>
</tr>
<tr>
<td>HEALTH ACTION</td>
<td>Once per year</td>
<td>Once per year</td>
<td>Up to 300 per year</td>
<td>Up to 200 per year</td>
<td>Once per year</td>
<td>Up to 200 per year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS EARNED</th>
<th>100</th>
<th>200</th>
<th>300</th>
<th>400</th>
<th>500</th>
</tr>
</thead>
<tbody>
<tr>
<td>REWARD</td>
<td>First $20 gift-card</td>
<td>Second $20 gift-card</td>
<td>Third $20 gift-card</td>
<td>Fourth $20 gift-card</td>
<td>Fifth $20 gift-card</td>
</tr>
</tbody>
</table>

### RESULTS INCLUDE:
- BMI
- non HDL cholesterol
- blood pressure
- blood sugar

**MEMBERS 18 YEARS OLD + CAN EARN UP TO $100 IN GIFT CARDS FUNDED BY MEDICA**
Members 18 years and older can earn up to $100 in gift cards funded by Medica.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>POINTS EARNED</th>
<th>REWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2,000</td>
<td>$10</td>
</tr>
<tr>
<td>2</td>
<td>10,000</td>
<td>$20</td>
</tr>
<tr>
<td>3</td>
<td>25,000</td>
<td>$30</td>
</tr>
<tr>
<td>4</td>
<td>40,000</td>
<td>$40</td>
</tr>
</tbody>
</table>

**GETTING STARTED IS EASY!**

- **DOWNLOAD THE APP**
- **TAKE THE HEALTH ASSESSMENT**
- **SAVE YOUR INTERESTS**

- All participants will need to register with a new username and password.
- Points will reset to zero on 1/1/20 and you will be able to earn a fresh $100 in incentives.
Well-being in the palm of your hands.

1. Complete cards, track healthy habits, view challenges, and more.
2. View stats including steps, workouts, and active minutes.
3. Detailed program progress, points, and REWARDS.
4. Wirelessly sync your Max or Buzz activity tracker.

Available for iOS and Android.
Healthy Savings makes eating healthier easier and more affordable.

The program is easy-to-use, members simply shop, scan and save instantly!

- Discounts on healthy foods of more than $250 per month
- Foods qualified by a third party based on nutrient density - only healthiest 1/3 qualify
- No clipping or downloading coupons needed; all promotions are automatically loaded onto barcode
- Available to members within 30 miles of participating retailer

Participating Retailers:

- Hornbacher's
- Cash Wise
- Walmart
- Sam's Club

Coming Soon:
MEMBER RESOURCES
MEMBER RESOURCES | Pre-enrollment site
MEMBER RESOURCES | mymedica.com

- Find out what's covered in your plan
- Track your claims
- Check to see if your doctor is in your network
- See which drugs are covered
- Order ID cards
- View account balances
MEMBER RESOURCES | We’re Here To Help

Open Enrollment Dates:
- August 1 - 16

Pre-enrollment website:
- WelcomeToMedica.com/GFSchools

Medica customer service:
- Monday - Friday, 7 a.m. - 8 p.m. CST (closed Thursdays, 8 a.m. - 9 a.m.)
- Saturday, 9 a.m. – 3 p.m.

Call:
- 952-945-8000 or 1-800-952-3455
- TTY: 711

Email:
- Visit medica.com/contactmedica
QUESTIONS?
Consumers are 4 times more likely to seek professional eye care services from an eye care practitioner when offered a vision benefit.

On average over 40% of covered vision care members visit an optometrist for an annual exam.

Visual health outcomes improve when services are provided with materials.

Consumers pay less to access routine vision services when they have a vision care benefit.
FINDING A NETWORK PROVIDER

Provider Search

• Select a provider using our online search tool by simply logging onto our website at www.avesis.com.
• Click on "Members" at the top of the page, then "Search For Providers" on the left.
• From the PROVIDER SEARCH page, select "Vision" for Plan Type, then complete the rest of the search criteria to match your desired search preferences.

*PLEASE NOTE - Not all participating/in-network providers are contracted to provide all covered services as in-network. Before having any services completed by a provider, please carefully check the services that each provider offers as a network provider by reviewing the "Offered Services" section under the treating provider listing. Non-contracted services completed by even a network provider will be treated as out-of-network, and will be the patient's financial responsibility.

Need Assistance? Our Customer Care Center can be reached at 1-800-828-9341, Monday through Friday, 7:00 a.m. to 8:00 p.m. EST.
WHAT WE COVER

Your Benefits:

• Eye Exam – covered in full with $10 copay
• Frame allowance - $50 wholesale/up to $150 retail value with $10 copay
• Standard Spectacle Lenses – covered in full
  • Youth Polycarbonate lenses covered in full up to age 19
  • Progressive lenses covered up to $50, plus up to 20% off retail
• Contact Lenses
  • Elective $130 allowance
  • Medically necessary – covered in full with prior authorization
• Refractive Laser Surgery – One time, life time allowance of $150 in addition to a provider discount of up to 25%
• Frequencies
  • Eye Exam – every 12 months
  • Lenses or contacts – every 12 months
  • Frame – Every 24 months
WHAT WE COVER

Spectacle Lenses:

• Standard Lenses – Covered in Full (CR 39 plastic or glass)
  • Single Vision
  • Bifocal
  • Trifocal
  • Lenticular
  • Standard Polycarbonate Lenses up to age 19

• Non-Standard Lenses (progressive and specialty)
  • Plan pays up to standard lens amount
    • Members pay balance due

• Frames:
  • Members may choose any style frame in the provider’s collections
  • Frames are covered in full up to the plan wholesale allowance
  • Additional savings on frame purchases in excess of member’s allowance
WHAT WE COVER

Contact Lenses:

• In lieu of spectacle lenses and frames, members may use the contact lens allowance for materials and/or fitting fees

• In addition to the allowance, contact lenses are discounted at 20% (10% for disposables) off the retail cost when using an in-network provider

• Medically necessary contact lenses are covered in full

Laser Vision Correction:

• Members may use the LASIK allowance as an alternative to corrective eyewear

• A onetime/lifetime allowance of $150 can be used when seeing an in or out-of-network vision care provider

• Members receive an additional 5% - 25% off Laser vision correction surgery when using an in-network provider
WHAT WE COVER

Out-of-Network Services:
• Members can receive any or all of their vision services outside of the Avēsis network of providers

• Members will receive reimbursements according to a schedule of benefits upon submission of an itemized receipt and an out-of-network claim form to Avēsis

• Members not using plan benefits at the time of sale are eligible for out of network reimbursements

• No co-payment for out of network claims
Questions?
Delta Dental of Minnesota

Grand Forks Schools 2019 Dental Plan
Who We Are

• Non-profit organization focused on access to quality oral healthcare
• Largest Dental Provider Network in MN, ND and the U.S.

Local
• Approximately 64% of licensed dentists in ND participate with Delta Dental.
• Delta Dental network in ND has more than 270 participating dentists.

National
• Delta Dental network nationwide has more than 154,000 participating dentists.
## A Snapshot of Your Coverage

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (exams/cleanings)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services (fillings)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontics (treatment relating to gum disease)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery – Surgical &amp; Nonsurgical Extractions All other covered oral surgery</td>
<td>80% Simple/50% Complex</td>
<td>80% Simple/50% Complex</td>
<td>80% Simple/50% Complex</td>
</tr>
<tr>
<td>Major Restorative Services (crowns and posterior composite fillings)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetic Repairs &amp; Adjustments</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetics (bridges, dentures)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Deductible per person/per family (calendar year)</td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>No deductible for Diagnostic &amp; Preventive, Major, Prosthetics, Prosthetic Repair or Orthodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum (per person)</td>
<td>$1,250</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
</tbody>
</table>
Networks Matter

If you see an **in-network** (Delta Dental PPO/ Delta Dental Premier) dentist

- Network savings on Covered Services
- No Balance Billing
- Your annual maximum dollars will go further when you see a participating dentist
- Dentist will submit claims directly to Delta Dental
- Delta Dental will send payment directly to dentist

If you see an **out-of-network** dentist

- If the dentist’s fees are higher than Delta Dental’s allowable charge, you may be responsible to pay the difference
- Your dentist may assist you in submitting a claim form to Delta Dental
- Benefit Payments go directly to you
Make the Most of Your Dental Benefits

Online Tools for Members:
www.DeltaDentalMN.org

Save Money, Go in-Network:
Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.

Dental Insurance 101:
Robust member tools including commonly defined insurance terms, videos and frequently asked questions.

Oral Health Resources:
Preventive care is critical. Access dental and health information, through the ages including a section dedicated to Kids' Oral Health.

Cost Estimator:
Use our cost estimator to find out what dental procedure will cost or you can always request a Pre-Treatment Estimate.

Tools Available in the Secure Member Portal

Coverage Summary:
Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.

Claims Inquiry:
View claim status, procedure details, dates of service and applied deductibles.

Request ID Cards:
Order duplicate or replacement ID cards.

Registration
1. On www.DeltaDentalMN.org, go to the member page and click “Create Account.”
2. Read the Privacy Notice, click Continue and follow the steps to register.
3. Remember your user name and password because you will need them each time you log in.

Prefer to Speak to Someone
Contact customer service

Toll Free: 1-800-448-3815
Local: 651-406-5901
Monday –Friday: 7am-7pm C.S.T.
SHOP DELTA DENTAL

YOUR SMILE IS POWERFUL. IT DESERVES DELTA DENTAL.

We have a dental plan that fits your needs and budget.

SHOP PLANS NOW
Questions?
Unum overview

Proven experience
165 years of benefits innovation and leadership

Financial stability
Solid financial ratings, even in today’s tough economy

We put people first
Professional, prompt, courteous service during difficult times
The need for life insurance

Losing the primary wage earner can seriously damage a family’s finances.

46% of Americans die with less than $10,000 in financial assets, or none at all.¹

Three in 10 U.S. households have no life insurance at all.²

75% of people surveyed say they buy life insurance out of love for their family.³

Employees want the right coverage.

Basic life and accidental death & dismemberment

- GFPS provides life and accidental death & dismemberment insurance to all eligible employees at no cost!
  - Administrators: $50,000
  - Certified and Classified Employees: $15,000

- Benefit highlights:
  - Portable coverage
  - Seat belt and air bag benefit
  - Accelerated death benefit
    - If diagnosed with a terminal illness, pays the death benefit prior to passing away
How much life insurance do you need?

- People use life insurance to:
  - Pay for their final arrangements
  - Provide financial protection for those who rely on their income
- If others rely on your income
  - Use this checklist to figure out how much coverage you and your family need

**Employees need lifelong financial protection**

<table>
<thead>
<tr>
<th>WHOLE LIFE INSURANCE</th>
<th>Valuable coverage for the road they’re on, and the road ahead</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERM LIFE INSURANCE</td>
<td>Essential coverage for the working years</td>
</tr>
</tbody>
</table>

**SINGLE**
- Limited financial responsibilities
- Need basic coverage now — and more coverage later

**MARRIED**
- Starting a family
- Increased financial responsibilities
- Need complete coverage

**GROWING OBLIGATIONS**
- Financing a home
- School tuition
- Aging parents
- Need reliable, flexible coverage

**RETIRED**
- Fixed income
- Continued financial obligations
- Need continued protection — and for final expenses later

**MY CHECKLIST**

Expenses that you may choose to cover:
- Mortgage/rent
- Transportation (gas, car payments, repairs)
- Utilities (electric, water, cable, internet)
- Child care/elder care
- College expenses
- Loans/credit card debt
Supplemental life coverage – for you, your spouse and dependents

Supplemental life coverage choices

- Administrators – $50,000
- Certified and Classified employees – Option of $20,000 or $40,000
- Dependent – (Spouse or Children): $5,000 per dependent

 Guarantee issue

- Newly eligible employees have access to the amounts listed above on a guarantee issue basis, meaning you can be issued these amounts without having to prove good health
- All previously eligible employees not currently enrolled can newly apply for coverage, but will have to answer medical questions
Whole life insurance: long-lasting benefits

Whole life insurance offers a benefit that lasts into retirement for employees and their families

- Benefit Highlights:
  - Complementary to term life insurance for protection beyond working years
  - Level Premiums
  - Guaranteed death benefit
  - Builds cash value on base policy
  - Dependent coverage available

- Coverage Choices:
  - Employee: Up to $70,000
  - Spouse: Up to $30,000
  - Children: Up to $3 weekly

Employees can newly elect coverage at the minimum level or purchase a one level increase in coverage without medical questions. New hires can elect up to $70,000 without medical questions.

one in four
Americans say they need more life insurance, but only

one in ten
are likely to purchase a policy within the next year.

Long term disability

- GFPS provides long term disability insurance to all eligible employees at no cost!

- Benefit Highlights:
  - Elimination period: the later of 90 days or exhaustion of sick leave
  - Monthly benefit: 66.6667% of monthly earnings
  - Benefit duration: as long as you continue to meet the definition of disability, your LTD benefit is payable until age 65 and beyond
  - Unum’s return-to-work services include programs for rehabilitation and other resources to help you get back on your feet after a disability
  - Work incentive benefit: during the first 12 months of benefit payments while you are working, Unum will pay 100% of your monthly benefit without reduction.
Individual short term disability

▸ Protection for employees:
  • Provides a temporary portion of your income to help pay bills if you are disabled due to covered illness, injury or childbirth

▸ Benefit options:
  • 14 day elimination period for accident/sickness
  • Up to 60% of monthly income replacement
  • Up to $3,000 maximum per month

66% of Americans would find it somewhat or very difficult to meet current financial obligations if their paycheck were delayed by one week.
The need for disability insurance

► Could you pay your bills for months without a paycheck?
  - Most people aren’t able to.¹

► Would you:
  - Be able to access money you have saved?
  - Borrow from friends or family?
  - Run up credit card debt?

► Would other insurance help?
  - Most often it does not
    - Medical Insurance does not replace lost income
    - Workers’ compensation only covers job-related issues
    - Social Security disability only helps if your disability is terminal or expected to last at least a year

The need for critical illness insurance

- Every 25 seconds someone in America will have a coronary event.\(^1\)
- Every 40 seconds someone in America will have a stroke.\(^2\)
- The risk of developing cancer during a lifetime is nearly 1 in 2 for men and 1 in 3 for women.\(^3\)

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**Health insurance typically covers**

- The costs for care and treatment of a critical illness

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**Health insurance may not cover**

- Prescription co-pays
- Diagnostic tests
- Rehabilitation
- Transportation to health facilities
- Private nursing or home health care
- Alternative or experimental treatments

---

3. American Cancer Society, ”Cancer Facts & Figures 2010.”
Critical illness

► Wellness benefit: $50 per insured per calendar year

► Coverage options:
  • Employees: up to $30,000
  • Spouse: up to $15,000
  • Dependent children are automatically covered at 25% of the employee benefit amount

► Employees can newly elect coverage at the minimum level or purchase a one level increase in coverage without medical questions

Covered conditions
  • Blindness
  • Benign brain tumor
  • Coronary artery bypass surgery*
  • End-stage renal (kidney) failure
  • Heart attack
  • Major organ failure
  • Stroke
  • Coma
  • Permanent paralysis
  • Occupational HIV

Cancer coverage
  • Cancer
  • Carcinoma in situ*

Specific childhood conditions
  • Cerebral palsy; cleft lip or palate; cystic fibrosis; Down syndrome; spina-bifida

*100% of the benefit payable for each covered condition, with the exception of coronary artery bypass surgery and carcinoma in situ, which are paid at 25% of the purchased benefit amount. Please see policy definitions for complete details about these covered conditions.
The need for accident insurance

- An accidental injury can bust your budget
  Accident insurance can pay a benefit directly to you if you suffer a covered injury and need treatment.

- Rob’s story
  Rob bought a new bike so he could lose a few pounds — but he lost his balance instead. In the emergency room, he was diagnosed with a torn knee ligament and a broken toe. Rob had one lucky break — his voluntary accident insurance paid him almost $2,150.

### Cost of Rob’s Treatment

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay for Emergency Room</td>
<td>$100</td>
</tr>
<tr>
<td>Deductible</td>
<td>$400</td>
</tr>
<tr>
<td>Co-pay for Hospital Admission</td>
<td>$750</td>
</tr>
<tr>
<td>Co-pay for Physical Therapy</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total Out of Pocket Expense</strong></td>
<td><strong>$1,400</strong></td>
</tr>
</tbody>
</table>

### Benefits paid from the Unum Accident plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$1,000</td>
</tr>
<tr>
<td>ER Treatment</td>
<td>$150</td>
</tr>
<tr>
<td>Torn Knee Cartilage</td>
<td>$500</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$200</td>
</tr>
<tr>
<td>Appliance (knee brace)</td>
<td>$100</td>
</tr>
<tr>
<td>Doctor Follow-up visit</td>
<td>$50</td>
</tr>
<tr>
<td>6 Physical Therapy Sessions</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total Benefit Paid</strong></td>
<td><strong>$2,150</strong></td>
</tr>
</tbody>
</table>
Accident

- Pays a lump-sum benefit based on type of injury sustained and treatment needed
- Pays for your accident-related costs that medical insurance won’t
- Covered injuries include broken bones, cuts, burns, eye injuries, ruptured discs, coma, etc.
- Benefit can be used however employees choose
- Wellness benefit: $50 per insured per calendar year
- Off-job coverage

### Covered injuries

<table>
<thead>
<tr>
<th>Covered Injuries</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fractures</strong></td>
<td></td>
</tr>
<tr>
<td>Open reduction</td>
<td>Up to $7,500</td>
</tr>
<tr>
<td>Closed reduction</td>
<td>Up to $3,750</td>
</tr>
<tr>
<td>Chips</td>
<td>25% of closed amount</td>
</tr>
<tr>
<td><strong>Dislocations</strong></td>
<td></td>
</tr>
<tr>
<td>Open reduction</td>
<td>Up to $6,000</td>
</tr>
<tr>
<td>Closed reduction</td>
<td>Up to $3,000</td>
</tr>
<tr>
<td><strong>Burns</strong></td>
<td></td>
</tr>
<tr>
<td>At least 10 square inches, but less than 20 square inches</td>
<td>2nd degree – $0 3rd degree – $2,500</td>
</tr>
<tr>
<td>At least 20 square inches, but less than 35 square inches</td>
<td>2nd degree – $0 3rd degree – $5,000</td>
</tr>
<tr>
<td>35 or more square inches of the body surface</td>
<td>2nd degree – $1,000 3rd degree – $10,000</td>
</tr>
<tr>
<td>Skin grafts for 2nd and 3rd degree burns</td>
<td>50% of burn benefit</td>
</tr>
<tr>
<td><strong>Skin graft for any other accidental traumatic loss of skin</strong></td>
<td></td>
</tr>
<tr>
<td>At least 10 square inches, but less than 20 square inches</td>
<td>$150</td>
</tr>
<tr>
<td>At least 20 square inches, but less than 35 square inches</td>
<td>$250</td>
</tr>
<tr>
<td>35 or more square inches of the body surface</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Concussion</strong></td>
<td>$150</td>
</tr>
<tr>
<td><strong>Coma</strong></td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Ruptured disc</strong></td>
<td>$800</td>
</tr>
<tr>
<td><strong>Knee cartilage</strong></td>
<td></td>
</tr>
<tr>
<td>Tear</td>
<td>$750</td>
</tr>
<tr>
<td>Exploratory</td>
<td>$150</td>
</tr>
<tr>
<td>Laceration</td>
<td>$25 – $600</td>
</tr>
</tbody>
</table>
Additional benefits for employees and dependents

**Travel Assistance**

- For travel:
  - 100 miles or more from home
  - In or out of the country
- 24-hour phone access to:
  - Pre-qualified medical providers
  - Western-style medicine facilities
  - Ambulance and air ambulance
  - Lost/stolen medication replacement...and more
- Covers:
  - Business and personal travel
  - Family members
- Contact: 1-800-872-1414

**Employee Assistance Program**

- Confidential, professional assistance for a wide range of personal and work-related issues for you and your family — by telephone or online. There’s no additional charge and you don’t have to file a disability claim to use it.
- This service includes free will preparation
- Medical Bill Saver
- 24-hour phone access Toll Free: 1-800-854-1446
- www.unum.com/lifebalance
Exclusions and limitations

Life insurance delayed effective date:
- If your eligible dependent is totally disabled, your dependent’s coverage will begin on the date your eligible dependent no longer is totally disabled. This provision does not apply to a newborn child while dependent insurance is in effect.

- Totally disabled means that, as a result of an injury, a sickness or a disorder, your dependent: is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Pre-existing condition limitations for critical illness, individual short term disability and long term disability
- Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a Pre-existing Condition or any medical or surgical treatment for that condition for which the Date of Diagnosis is in the first 12 months after the Insured’s coverage effective date.

- Pre-existing Condition means a Sickness or Injury for which the Insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 (3 for LTD) months just prior to the Insured’s coverage effective date or effective date of a change in coverage.

- 9 month giving birth exclusion for pregnancy claims for individual short term disability

Critical illness
- 30 day benefit waiting period

Please see your Unum policies for additional details and full plan information
Why enroll now

- Valuable benefits for you and your family
- Accident, critical illness, ISTD, voluntary life and whole life are only offered to employees once a year during annual enrollment.
- Premiums are conveniently payroll deducted and locked in at your issue age for the short term disability, critical illness and whole life insurance.
- Coverage is portable and you may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly for the same premium amount.

Questions??
GRAND FORKS PUBLIC SCHOOL DISTRICT
125 FLEXIBLE BENEFITS PLAN
125 FLEXIBLE BENEFITS PLAN

• The 125 Plan is the only plan in which an employer can offer individual employees a choice between taxable and tax-free benefits

• An eligible employee must make an election to participate in the plan during a designated open enrollment period

• An eligible employee will elect what amount of his/her income will be assigned to each “voluntary” flex category and reclassified as tax-free income
## TAX SAVINGS TABLE

<table>
<thead>
<tr>
<th></th>
<th>Tom Flexes</th>
<th>Sally doesn’t Flex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Compensation</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Daycare FSA</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Medical FSA Out of Pocket FSA</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Outside Health Insurance FSA</td>
<td>1,200</td>
<td></td>
</tr>
<tr>
<td><strong>TAXABLE INCOME</strong></td>
<td><strong>$21,300</strong></td>
<td><strong>$30,000</strong></td>
</tr>
<tr>
<td>FICA/Medicare (7.65%)</td>
<td>1,629</td>
<td>2,295</td>
</tr>
<tr>
<td>Federal Tax (Assume 15%)</td>
<td>3,195</td>
<td>4,500</td>
</tr>
<tr>
<td>State Tax (Assume 6%)</td>
<td>1,278</td>
<td>1,800</td>
</tr>
<tr>
<td>Daycare</td>
<td></td>
<td>5,000</td>
</tr>
<tr>
<td>Medical/Dental Expenses</td>
<td></td>
<td>2,500</td>
</tr>
<tr>
<td>Outside Health</td>
<td></td>
<td>1,200</td>
</tr>
<tr>
<td><strong>SPENDABLE INCOME</strong></td>
<td><strong>$15,198</strong></td>
<td><strong>$12,705</strong></td>
</tr>
<tr>
<td><strong>INCREASED NET PAY</strong></td>
<td><strong>$2,493</strong></td>
<td></td>
</tr>
</tbody>
</table>

7/31/2019
These funds may be used to pay for un-reimbursed medical expenses, incurred by you, your spouse, or dependent(s):

- Deductibles, co-pays, and co insurance
- Eye exams, contact lenses and eyeglasses
- Hearing aids including batteries
- Prescription drugs and medicines
- Orthodontia
- Medical supplies (e.g. contact lens solution, wheelchairs, splints, etc.)
- For a more extensive list go to www.ebcsolutions.com and select FSA store on top toolbar
Dependent care and daycare expenses are only eligible while you are gainfully employed or while you are looking for employment.
- Daycare expenses for dependent under age 13
- Care for a dependent who is physically or mentally incapable of caring for self
ELIGIBLE EXPENSE

- Home daycare
- Child daycare centers
- Preschool
- Nursery School
- Day camp
- Hold your spot fee

NOT AN ELIGIBLE EXPENSE

- Overnight Camp is **NOT** eligible
- Kindergarten tuition is **NOT** eligible
The OHI FSA category reimburses the premium expense you incur for individually-owned supplemental health policies, such as:

- Cancer Policy premiums
- Accidental Death and Dismemberment
- Specific Illness policies
- Vision policy premiums
- Dental policy premiums
- Medicare Supplemental Premiums (a/k/a Medigap)
You may flex for the premium cost of employer-sponsored group term life insurance for up to $50,000 worth of coverage.

Do not flex for the coverage cost that is paid for by your employer:

For example: If the district pays for $15,000 worth of coverage on your behalf you may purchase up to an additional $35,000 worth of coverage on a tax-free basis.
FSA ANNUAL LIMITS

- **Dependent Care**
  - Maximum is $5,000 if single or married filing jointly
  - $2,500/each for married couple filing separately

- **Medical FSAs**
  - $2,700 per participant (not per household)

- **Overall maximum you may flex in plan year is $20,000 or 100% of salary whichever is less.**
GRACE PERIOD & RUN OUT PERIOD

- You have 2.5 months after your plan year ends to incur an eligible expense (e.g. November 14, 2019 for the current plan year and November 14, 2020 for this upcoming plan year)

- You have 6 months after the grace period ends to submit the expenses you have incurred
FILING CLAIMS

- Web Claims
  - Set up your web portal account
  - Call EBC, at 1-888-507-6053, if you need assistance

- U.S. Mail
  - 3125 Airport Pkwy NE, Cambridge, MN  55008

- Fax in claims
  - 763-552-6055

- **Do Not** e-mail claims to EBC representatives

- Keep your original receipts and send us copies
QUESTIONS

If you have questions regarding your 125 Flexible Benefits Plan please contact:

Educators Benefit Consultants, LLC
3125 Airport Parkway NE
Cambridge, MN 55008

- hrasupport@ebcsolutions.com
- www.ebcsolutions.com
- Phone: 1-888-507-6053
- Fax: 763-552-6055