MINNESOTA UROLOGY

PREPARED BY

Christensen Group Insurance

2027 BENEFIT DETAILS CLASS II DIRECTORS, MANAGERS, APPS

Minnesota Urology Class II

Details on the benefits provided by Minnesota Urology to help you enjoy increased well-being and financial security.

PLAN YEAR

1/1/2027 TO 12/31/2027 ENROLLMENT WINDOW

11/30/2026 to 12/4/2026

OVERVIEW

Your benefits package

How do my benefits fit together?

FROM YOUR EMPLOYER

Minnesota Urology is proud to offer a comprehensive benefit package for you and your family. This program is designed to take care of you when you need it. Make sure to explore all the options to help you make the selections that best meet your needs.

WHAT'S INSIDE

Health coverage	How do I get care?	Coverage that helps you access and pay for care.
Spending and savings accounts	How do I pay for it?	Funds set aside for eligible expenses.
Income protection	What if life goes wrong?	Financial support for when the unexpected happens.
Extra coverage	What protection can I add?	Optional benefits for added protection and support.

Everything you get about your benefits follows these same categories. You'll see the same pattern each time — the categories first, then what's inside them — so the whole package starts to fit together.

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Benefit Eligibility

WHO IS ELIGIBLE	PAYCHECK DEDUCTIONS
30+ hrs/week	Bi-Weekly (26 deductions)
Employee, Legal Married Spouse, Legal Children, Stepchildren, Domestic Partner	Taken automatically from your paycheck.

ENROLLMENT AND COVERAGE CHANGE NOTICE

For most benefit plans, enrollment and changes to existing coverage (other than as a new hire or newly benefit eligible employee within your eligibility period) are permitted only during the annual open enrollment period or if you have a qualifying life event.

- Open enrollment occurs prior to the effective date of 1/1/2027.
- Qualifying life events include loss of other coverage, job status change, marriage, divorce, legal separation, birth, adoption, ceasing to be a dependent child, and other events as prescribed by law. Please notify the Benefit Administrator of any qualifying event within 30 days.

WHO CAN ENROLL

- All regular, full-time employees scheduled to work 30 hours or more per week and their eligible dependents are benefit eligible.
- For new hires, all benefits begin on the first of the month following 30 days of employment.
- The following members are eligible to receive benefits during the plan year:
    - Employee
    - Legal Married Spouse
    - Legal Children
    - Stepchildren
    - Domestic Partner

When adding a Domestic Partner, the value of the insurance premium paid by the employer for that partner may be considered taxable income to the employee under IRS regulations. As a result, you may pay more in federal or state income taxes as well as payroll taxes because the overall taxable income has increased.

BEFORE YOU ENROLL

Enrollment Information

ENROLLMENT WINDOW	COVERAGE BEGINS
11/30/2026 to 12/4/2026 Elections lock in for the full plan year.	1/1/2027 For current employees. New hire benefits begin on the first of the month following 30 days of employment.

ANNUAL OPEN ENROLLMENT PERIOD

There is a specific window of time each year where you must complete your benefit elections. For the 2027 plan year, the enrollment period for Minnesota Urology is 11/30/2026 to 12/4/2026.

Enrollment decisions must be made by **12/4/2026**.

ONLINE ENROLLMENT

All benefit elections are done through an online system called Bswift located in Paylocity. Please login to Paylocity to make your benefit elections.

access.paylocity.com > Bswift Benefits

YOUR BENEFITS ONLINE

mnurologybenefits.com

If you are looking for assistance or have questions, you can contact the Benefits Call Center at 888-598-2040 or visit mnurologybenefits.com.

QUESTIONS? PLEASE CONTACT

NAME	HOW TO CONTACT THEM
Kirsten Fogt Human Resources Business Partner	(651) 999-2726 kfogt@mnurology.com

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Benefits Offered and Important Contacts

Minnesota Urology provides benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident and help protect your financial security. The table below summarizes the benefits available to eligible employees and their dependents. These benefits are described in greater detail in this booklet.

BENEFIT	CARRIER	GROUP NUMBER	PHONE	WEBSITE
HEALTH COVERAGE				
Medical Insurance	HealthPartners	39382	(800) 883-2177	healthpartners.com
Prescription Drugs	HealthPartners	39382	(800) 883-2177	healthpartners.com/pharmacy
Employee Assistance Program (EAP)	HealthPartners		(800) 883-2177	healthpartners.com
Dental Insurance	Delta Dental of Minnesota	955276	(800) 448-3815	deltadentalmn.org
Vision Insurance	EyeMed	1040993	(866) 723-0513	eyemed.com/en-us
SPENDING AND SAVINGS ACCOUNTS				
Health Savings Account (HSA)	HSA Bank		(800) 357-6246	hsabank.com
General Purpose FSA	WEX		(866) 451-3399	wexinc.com
Limited Purpose FSA	WEX		(866) 451-3399	wexinc.com
Dependent Care FSA	WEX		(866) 451-3399	wexinc.com
INCOME PROTECTION				
Life Insurance	Guardian	00104284	(800) 525-4542	guardianlife.com
AD&D Insurance	Guardian	00104284	(800) 525-4542	guardianlife.com
Voluntary Life Insurance	Guardian	00104284	(800) 525-4542	guardianlife.com
Voluntary AD&D Insurance	Guardian	00104284	(800) 525-4542	guardianlife.com
Long Term Disability	Guardian	01104284	(800) 538-4583	guardianlife.com
EXTRA COVERAGE				
Accident Insurance	Guardian	00104284	(800) 541-7846	guardianlife.com
Hospital Indemnity Insurance	Guardian	00104284	(800) 541-7846	guardianlife.com
Critical Illness Insurance	Guardian	00104284	(800) 541-7846	guardianlife.com

AT A GLANCE

Health coverage

How do I get care?

The coverage that helps you get care and manage what it costs.

COVERAGE	CARRIER	WHO PAYS	DETAILS
Medical Insurance	HealthPartners	Shared	Choose from three plans including a copay plan option and two HSA-qualified options.
Prescription Drugs	HealthPartners	Shared	Use HealthPartners prescription tools and resources so you can learn what is covered, save money, find nearby pharmacies and more.
Employee Assistance Program (EAP)	HealthPartners	Employer	Confidential support and resources to help you and your household navigate life's challenges.
Dental Insurance	Delta Dental of Minnesota	Shared	Cleanings and exams are covered at 100%, with a $1,500 annual maximum per person.
Vision Insurance	EyeMed	Employee	Helps pay for eye exams, glasses with a $150 allowance, and contacts.

HEALTH COVERAGE

Preventive Care

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporate healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms, and immunizations.

Through the plan offered by Minnesota Urology all covered employees and dependents are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e., Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. The following is a list of common services that are included in the plans offered this year.

COVERED PREVENTIVE CARE SERVICES

- Routine Physical Exam
- Well Baby and Well Child Visits
- Immunizations
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

UPDATE ON HEALTH CARE REFORM

Effective January 1, 2019, the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a "shared responsibility payment". We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace").

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HEALTH COVERAGE

Medical Insurance

HealthPartners

CARRIER	GROUP NUMBER
HealthPartners	39382
PHONE	WEBSITE
(800) 883-2177	healthpartners.com

You and your employer share the cost of this benefit. Your portion is paid through payroll deductions.

FROM YOUR EMPLOYER

Understanding the full value of benefits allows you to take responsibility for maintaining good health and incorporate healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations.

Through the medical plans offered by Minnesota Urology, covered employees and dependents are eligible to receive routine wellness services, at no cost; all copays, coinsurance, and deductibles are waived.

SUMMARY OF COVERAGE

The plan details operate on a Calendar Year.

PLAN FEATURE	$3,500-75% HSA PLAN	$4,000-100% HSA PLAN	$1,500-$35/$70-75% COPAY PLAN
Network	Open Access	Open Access	Open Access
Deductibles (Single / Family)	$3,500 / $7,000	$4,000 / $8,000	$1,500 / $4,500
Out-of-Pocket Max (Single / Family)	$6,500 / $13,000	$4,000 / $8,000	$4,500 / $9,000
Embedded / Non-Embedded	Embedded	Embedded	Embedded
Healthcare Spending Accounts	HSA Qualified	HSA Qualified	FSA Qualified
Preventive Care	No charge	No charge	No charge
Primary Care Visit	Office Visit: 25% coinsurance Convenience Care: 25% coinsurance	Office Visit: 0% coinsurance Convenience Care: 0% coinsurance	Office Visit: $35 copay Convenience Care: $20 copay
Specialist Visit	25% coinsurance	0% coinsurance	$70 copay
Inpatient & Outpatient	Inpatient: 25% coinsurance Outpatient: 25% coinsurance	Inpatient: 0% coinsurance Outpatient: 0% coinsurance	Inpatient: 25% coinsurance Outpatient: 25% coinsurance
Emergency Room	25% coinsurance	0% coinsurance	25% coinsurance
Urgent Care	25% coinsurance	0% coinsurance	$35 copay
PHARMACY - 31 DAY SUPPLY			
Generic	Formulary $10 copay at retail; Non-formulary $60 copay at retail	Formulary $10 copay at retail; Non-formulary $60 copay at retail	Formulary $10 copay at retail; Non-formulary $80 copay at retail
Formulary brand	$35 copay at retail	$35 copay at retail	$40 copay at retail

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PLAN FEATURE	$3,500-75% HSA PLAN	$4,000-100% HSA PLAN	$1,500-$35/$70-75% COPAY PLAN
Network	Open Access	Open Access	Open Access
Non-formulary brand	$60 copay at retail	$60 copay at retail	$80 copay at retail
Specialty	25% coinsurance	25% coinsurance	25% coinsurance
Medicare Part D Credibility Determination	Creditable	Creditable	Creditable

This summary covers the most common services and coverages, not every detail. Your plan documents contain the full terms and conditions. What you pay may depend on several factors, including your provider and whether they're in your plan's network.

PLAN COST

COVERAGE TIER	$3,500-75% HSA PLAN MONTHLY	$4,000-100% HSA PLAN MONTHLY	$1,500-$35/$70-75% COPAY PLAN MONTHLY
Network	Open Access	Open Access	Open Access
Employee	$149.00	$145.00	$234.40
Employee + Spouse	$700.00	$660.00	$906.49
Employee + Child(ren)	$545.00	$505.00	$753.94
Employee + Family	$865.00	$813.00	$1,128.74

NETWORK INFORMATION

Open Access

Open Access network is a national network with more than 1 million providers and 6,300 hospitals so you can get quality coverage nearly everywhere. Search the Open Access network at healthpartners.com/openaccess

VIRTUAL CARE OPTIONS

To receive a covered virtual visit please utilize your carrier's telemedicine vendor.

PROVIDER	PHONE	WEBSITE	
Doctor On Demand	(800) 997-6196	doctorondemand.com	dr. on demand
Teladoc	(800) 835-2362	teladochealth.com	
Virtuwell	(877) 440-1001	virtuwell.com	virtuwell

ALSO INCLUDED WITH YOUR MEDICAL PLAN

Mental Health Hub

Connect to information, tools and support for you and your family. You'll also find resources to explore your plan benefits, get care and more.
healthpartners.com/my/livingwell/mental-health

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Teladoc Mental Health

Goal-based activities, articles and videos to help you with stress, anxiety, depression and more.
healthpartners.com/livingwell

Member discounts

HealthPartners members get special savings. There are lots of products and services available to you at a discounted rate, all designed to help you live healthy every day.
healthpartners.com/discounts

The Active&Fit Direct program

Offers access to more than 12,000 fitness centers nationwide and over 17,000 on-demand fitness videos for a flat monthly fee.
healthpartners.com/discounts

Medication Therapy Management

If you or a family member are managing multiple or complex medicines, or if you have questions about interactions or side effects, we can help. Our specially trained pharmacists are experts at looking at your medications holistically. At a no-cost in-person or phone appointment, they'll review your medicines to make sure they're working and right for your lifestyle.
healthpartners.com/mtminfo

Behavioral health condition management support

Get customized resources, guidance and support from an experienced behavioral health specialist – confidentially and at no extra cost to you. Your behavioral health expert will work with you and your care team to develop a personalized plan focused on your well-being. Call 800-871-9243

HealthPartners Telemedicine - Teladoc

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, the guidance to move forward or review of a preexisting condition, they're ready to help.
teladoc.com

HealthPartners Telemedicine - Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions for every day, urgent and mental health care. When you create a free member account, your visit price is always shown up front, without any surprise bills later.
doctorondemand.com

BabyLine Service

Receive advice for expectant and new parents up to 6 weeks after birth. Available 24 hours a day, call 800-845-9297.

Care Line Service

Receive advice from registered nurses, open 24 hours, by calling 800-551-0859.

Behavioral Health Navigators

For questions about finding a mental or chemical health care professional in your network or your behavioral health benefits. Call 888-638-8787 for help.

Tobacco Cessation

HealthPartners wants to help you quit smoking and lead a healthier life. We offer several resources and tools to make quitting easier. Count on us to help you overcome the obstacles and get on the path to a healthier, smoke-free lifestyle. Call 800-311-1052 to sign up.

Travel Assistance

If you have an emergency while traveling, we can assist with lost baggage, find translators, medical assistance, and more. Call 800-872-1414. Download your Assist America ID card or get the Assist America app and enter HealthPartners reference number 01-AA-HPT-05133
healthpartners.com/getcareeverywhere

Virtuwell

Your 24/7 online clinic, Virtuwell, is a great option for simple medical conditions like colds and flu, ear pain, and sinus infections. Log on to www.virtuwell.com. you are not charged.

virtuwell.com

PRESCRIPTION DRUGS

No-cost preventive drugs

All ACA-compliant medical plans cover select preventive drugs at no cost to you. To see which ones, visit healthpartners.com/formulary

HEALTHPARTNERS FORMULARY

Learn what medicines are covered by your health plan. Also learn details on any prior authorizations, restrictions or quality limits that may apply to your coverage

HEALTH COVERAGE

Employee Assistance Program (EAP)

HealthPartners

CARRIER
HealthPartners

PHONE
(800) 883-2177

WEBSITE
healthpartners.com

Your employer pays the full cost of this benefit. You pay nothing for coverage.

FROM YOUR EMPLOYER

Through the program, employees can receive expert support services to assist them and their families with a variety of life issues from family care, stress, depression, and/or addiction. In today's environment, addressing work-life balance issues are more important than ever.

PLAN DETAILS

Eligibility	Employees and Dependents
Visits per occurrence	3

SUPPORT SERVICES OFFERED

This program provides short-term counseling, information, resources, and referral services for you and your family. Some topics of support services offered are:

- Parenting concerns
- Work/life balance
- Domestic violence
- Anxiety, stress, depression
- Relationship issues
- Grief, loss
- Childcare
- Elder care
- Financial guidance, debt management

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HEALTH COVERAGE

Dental Insurance

DELTA DENTAL

CARRIER	GROUP NUMBER
Delta Dental of Minnesota	955276
PHONE	**WEBSITE**
(800) 448-3815	deltadentalmn.org

You and your employer share the cost of this benefit. Your portion is paid through payroll deductions.

FROM YOUR EMPLOYER

PPO

Gives you the lowest out-of-pocket costs. Participating dentists in the network agree to accept lower fees for procedures, providing larger discounts that result in savings for Delta Dental members.

Premier

The largest dentist network in the country. In fact, more than four out of five dentists in the nation have agreed to accept Delta Dental's pre-negotiated fees for dental procedures. Seeing an out of network dentist is always an option. However, by utilizing one, you will be missing out on discounts available to you.

SUMMARY OF COVERAGE

The plan details operate on a Calendar Year.

PLAN FEATURE	PLAN 1
Network	PPO, Premier & Out-of-Network
Deductibles (Single / Family)	$50/$150
Annual Maximum (per person)	$1,500
Annual Maximum Description	The maximum benefit applies per person, per calendar year.
Preventive Care Exams, Cleanings, X-rays, Space Maintainers & Fluoride Treatments	100%, deductible does not apply
Basic Care Sealants, Emergency Treatment for Pain, Amalgam Restorations (Silver Fillings) and Composite Resin Restorations (White Fillings) on Anterior (Front) Teeth, Endodontics, Surgical/Nonsurgical Periodontics, Oral Surgery	Deductible then 80% coverage
Major Care Crowns and Crown Repair, Composite Resin Restorations (White Fillings) on Posterior (Back) Teeth, Bridges, Dentures, Dental Implants	Deductible then 50% coverage

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PLAN COST

COVERAGE TIER	PLAN 1 MONTHLY
Employee	$19.30
Employee + Spouse	$41.63
Employee + Child(ren)	$44.95
Employee + Family	$59.20

NETWORK INFORMATION

PPO, Premier & Out-of-Network

Delta Dental offers two networks that provide access to discounted dental services. The **PPO network** offers the lowest out-of-pocket costs, as participating dentists agree to accept lower fees for procedures. The **Premier network** is the largest dentist network in the country, with more than four out of five dentists nationwide agreeing to accept pre-negotiated fees. You can also visit an **out-of-network dentist without a change to your coverage percentages**, but your out-of-pocket costs may be higher because nonparticipating dentists are not required to accept Delta Dental's negotiated fees.

To find a participating dentist, visit deltadentalmn.org, click **Find a Dentist**, and search either the Delta Dental PPO or Premier network by city and state.

HEALTH COVERAGE

Vision Insurance

CARRIER	GROUP NUMBER
EyeMed	1040993
PHONE	WEBSITE
(866) 723-0513	eyemed.com/en-us

You pay the full cost of this benefit through convenient payroll deductions.

FROM YOUR EMPLOYER

EyeMed Insight Network: For the highest benefit level, use an Insight network provider.

SUMMARY OF COVERAGE

The plan details operate on a Plan Year.

PLAN FEATURE	PLAN 1
Network	Insight
Eye Exams	$10 copay
Lens Frequency	Once every plan year; in lieu of contacts
Single Lens Benefit	$25 copay
Bifocal Benefit	$25 copay

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PLAN FEATURE	PLAN 1
Network	Insight
Trifocal Benefit	$25 copay
Lenticular Benefit	$25 copay
Progressive Benefit	Standard Progressive $80 copay, Premium Tier 1-4 Progressive $110-$200 copay
Frames Frequency	Once every other plan year
Frames Benefit	$0 copay; 20% off balance over $150 allowance
Contacts Frequency	Once every plan year, in lieu of lenses
Conventional Contacts Benefit	$0 copay; 15% off balance over $150 allowance
Disposable Contacts Benefit	$0 copay; 100% of balance over $150 allowance
Medically Necessary Contact Lenses Frequency	Once every plan year, in lieu of lenses
Medically Necessary Contact Lenses Benefit	$0 copay; paid in full
Laser Vision Correction	15% off retail or 5% off promo price; call 800-988-4221

This summary covers the most common services and coverages, not every detail. Your plan documents contain the full terms and conditions. What you pay may depend on several factors, including your provider and whether they're in your plan's network.

PLAN COST

COVERAGE TIER	PLAN 1 MONTHLY
Employee	$7.65
Employee + Spouse	$14.54
Employee + Child(ren)	$15.30
Employee + Family	$22.49

NETWORK INFORMATION

Insight

To search for a network provider, visit www.eyemed.com and click on find an eye doctor and select the Insight network.

AT A GLANCE

Spending and savings accounts

How do I pay for it?

Funds set aside for eligible expenses, helping you manage costs throughout the year.

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ACCOUNT	ADMINISTRATOR	FUNDED BY	DETAILS
Health Savings Account (HSA)	HSA Bank	Shared	Save pre-tax money for medical costs.
General Purpose FSA	WEX	Employee	Set aside pre-tax money to pay for medical, dental, and vision expenses you pay yourself.
Limited Purpose FSA	WEX	Employee	Set aside pre-tax money for dental and vision expenses while you keep saving in your HSA.
Dependent Care FSA	WEX	Employee	Set aside pre-tax money to pay for daycare, preschool, or after-school care up to $7,500 a year.

SPENDING AND SAVINGS ACCOUNTS

Health Savings Account (HSA)

CARRIER
HSA Bank

PHONE
(800) 357-6246

WEBSITE
hsabank.com

Your employer contributes to your HSA if you are making your own contributions. Total contributions from you and your employer cannot exceed the IRS annual limit.

FROM YOUR EMPLOYER

Health Savings Accounts (HSAs) provide advantages to all eligible individuals, including families and those approaching retirement. You save money on taxes in three ways: Tax-Free Deposits, Tax-Free Earnings and Tax-Free Withdrawals.

Funds in your HSA grow tax-free, and withdrawals for qualified medical expenses are also tax-free. This makes HSAs a powerful tool for managing healthcare costs and planning for future medical expenses.
Moreover, HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds for eligible expenses.

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ACCOUNT DETAILS

Eligibility	To be eligible to open and contribute to an HSA: • You must have coverage under a qualified HDHP. • You cannot have other health coverage that disqualifies you from contributing to an HSA. Certain types of coverage are allowed. • You generally cannot participate in a general-purpose health FSA or HRA, including coverage through your spouse's plan. Limited-purpose and certain post-deductible FSAs/HRAs may be allowed. • You cannot be eligible to be claimed as a dependent on someone else's tax return. • Participants cannot be enrolled in Medicare • You have not received medical care through the VA. An exception generally applies to care received for a service-connected disability. Check with your tax advisor if you receive VA medical benefits and want to contribute to an HSA.
Employer contribution	When you are enrolled in one of the UHC HSA-eligible health plans, MNU helps you fund your HSA by contributing to your account as follows: Employee Only: $.50 for each $1.00 you contribute (maximum $42.31 bi-weekly up to $1,100/year) Employee + One or more: $.50 for each $1.00 you contribute (maximum $84.62 bi-weekly up to $2,200/year)
Contribution limit	2027 contribution limits: • Single coverage: $4,500 • Family coverage: $9,000 • If you are 55 and older you may contribute an additional $1,000 to your HSA.
Tax advantage	Save money on taxes in three ways: • Pay no taxes on the money you contribute • Pay no taxes on the interest you earn • Pay no taxes when you withdraw money for healthcare expenses
Investments	Once your HSA balance reaches the plan's investment threshold of $1,000, you may be able to invest a portion of your balance. Investment earnings are tax-free when used for qualified medical expenses. Visit hsabank.com for more information.
Eligible expenses	Eligible healthcare expenses (medical, dental, or vision) for you and your enrolled dependents now or in the future. Visit IRS.gov and review Publication 502 for a list of eligible expenses.
How to use the account	Use your HSA debit card or pay out-of-pocket and submit your claim for reimbursement. Visit hsabank.com. Keep all receipts.
Funds roll over year to year	Yes. Your HSA balance rolls over from year to year. The money belongs to you and remains yours even if you change jobs or leave Minnesota Urology.
When funds are available	The funds are available upon deposit from your paychecks. You do not have access to the money until it is in your account. You can use funds for eligible expenses now, or when you retire.

SPENDING AND SAVINGS ACCOUNTS

Flexible Spending Account

GENERAL PURPOSE FSA

CARRIER	
WEX	
PHONE	WEBSITE
(866) 451-3399	wexinc.com

You elect an amount to set aside pre-tax.

FROM YOUR EMPLOYER

A Flexible Spending Account (FSA) is an employer-sponsored benefit that lets you set aside pre-tax money to pay for qualified medical expenses and dependent care.

Full Medical FSA: You may use pre-tax dollars to help pay for medical, dental and vision expenses.
Medical FSA Eligible Expenses

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pain relievers, pregnancy test kits, blood pressure monitors, blood sugar monitors, etc.

LIMITED PURPOSE FSA

CARRIER	
WEX	
PHONE	WEBSITE
(866) 451-3399	wexinc.com

You elect an amount to set aside pre-tax.

FROM YOUR EMPLOYER

Limited FSA – If you are enrolled in the HSA compatible plan and making contributions to the HSA. You may use pre-tax dollars to help pay for dental and vision expenses only (no medical expenses permitted per IRS rules).

DEPENDENT CARE FSA

CARRIER	
WEX	
PHONE	WEBSITE
(866) 451-3399	wexinc.com

You elect an amount to set aside pre-tax.

FROM YOUR EMPLOYER

Dependent Care FSA Eligible Expenses

- Licensed Care for your child who is under age 13
- Before and after-school care
- Babysitting and nanny expenses while you and your spouse are working
- Day care, nursery school, preschool, and summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home.

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FEATURE	GENERAL PURPOSE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
FSA Plan Year	January 1 – December 31, 2027	January 1 – December 31, 2027	January 1 – December 31, 2027
Run-Out Date	Funds not claimed by March 31, 2028 will be lost per IRS rules.	Funds not claimed by March 31, 2028 will be lost per IRS rules.	Funds not claimed by March 31, 2028 will be lost per IRS rules.
Who owns the account?	Minnesota Urology	Minnesota Urology	Minnesota Urology
Who can contribute?	Eligible employees who do not contribute to an HSA. You are not eligible if your spouse contributes to an HSA.	Eligible employees who also contribute to an HSA. You are eligible if your spouse contributes to an HSA.	All eligible employees with eligible dependents.
What is the annual contribution limit?	2027 Limit $3,500	2027 Limit $3,500	2027 Limit $7,500 for a married person who files a joint tax return or an unmarried person $3,750 if married and filing separate tax returns
What expenses are covered?	Eligible medical, dental, vision, prescription, and OTC expenses	Eligible dental and vision expenses	Eligible dependent care expenses such as daycare or care for an adult who is unable to care for themselves
Who can I use my account for? The dependent eligibility information above reflects IRS guidance. Actual eligibility is subject to the terms of your employer's plan documents.	Yourself, your spouse, and eligible dependents, including children under age 27 at the end of the tax year.	Yourself, your spouse, and eligible dependents, including children under age 27 at the end of the tax year.	Eligible dependents under age 13 and adult dependents who are unable to care for themselves
Will unused funds roll over year to year?	Up to $700 for the 2027 plan year Unused funds are subject to the plan's use-it-or-lose-it rules and may be forfeited if not used by the applicable deadline.	Up to $700 for the 2027 plan year Unused funds are subject to the plan's use-it-or-lose-it rules and may be forfeited if not used by the applicable deadline.	No Unused funds are subject to the plan's use-it-or-lose-it rules and may be forfeited if not used by the applicable deadline.
Grace Period	No	No	No
Is the account portable after termination?	No. Your account generally ends when employment ends. If you have remaining funds, you may be eligible to continue your FSA through COBRA.	No. Your account generally ends when employment ends. If you have remaining funds, you may be eligible to continue your FSA through COBRA.	No. Your account generally ends when employment ends.

The dependent eligibility information above reflects IRS guidance. Actual eligibility is subject to the terms of your employer's plan documents. You may hold a Limited Purpose FSA and an HSA at the same time; a General Purpose FSA and an HSA cannot be held together.

AT A GLANCE

Income protection

What if life goes wrong?

Financial protection that helps support you and your family when the unexpected happens.

BENEFIT	CARRIER	WHO PAYS	DETAILS
Life Insurance	Guardian	Employer	Pays your family a $100,000 benefit, at no cost to you.
AD&D Insurance	Guardian	Employer	Pays an additional $100,000 if an accident causes death or serious injury.
Voluntary Life Insurance	Guardian	Employee	Buy extra life insurance for yourself and cover your spouse and children too.
Voluntary AD&D Insurance	Guardian	Employee	Buy extra coverage that pays if an accident causes death or serious injury for you and your family.
Long Term Disability	Guardian	Employer	Replaces 60% of your paycheck to a maximum of $10,000 per month, if you're out of work for months or longer at no cost to you.

INCOME PROTECTION

Life Insurance

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	WEBSITE
(800) 525-4542	guardianlife.com

Your employer pays the full cost of this benefit. You pay nothing for coverage.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

Please update or verify your life insurance beneficiary during your enrollment process.

ABOUT THIS COVERAGE

What it covers	Basic Life Insurance provides a benefit to your beneficiary if you pass away while covered by the plan. Coverage is available up to the benefit amount provided by Minnesota Urology. The value of employer-paid coverage over $50,000 may be taxable as imputed income.
Things to consider	The benefit can help your loved ones manage expenses such as everyday living costs, final expenses, tuition, and more.

SUMMARY OF COVERAGE

PLAN FEATURE	PLAN DETAILS
Employee life benefit amount	$100,000
Age reduction	Age 65 benefits reduce 35% Age 70 benefits reduce 55%
Accelerated benefit	75% of the death benefit paid in a lumpsum if you are diagnosed with a terminal condition, as defined by the plan
Portability	Yes
Conversion	Yes

INCOME PROTECTION

AD&D Insurance

Guardian

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	WEBSITE
(800) 525-4542	guardianlife.com

Your employer pays the full cost of this benefit. You pay nothing for coverage.

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Please update or verify your life insurance beneficiary during your enrollment process.

ABOUT THIS COVERAGE

What it covers	Basic AD&D Insurance provides an additional benefit if you die or suffer a covered injury as a result of an accident. The benefit amount is tied to your Basic Life Insurance coverage.
Things to consider	The benefit can help you or your family manage expenses such as everyday living costs, final expenses, tuition, and more.

SUMMARY OF COVERAGE

PLAN FEATURE	PLAN DETAILS
Employee AD&D benefit amount	$100,000

INCOME PROTECTION

Voluntary Life Insurance

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	**WEBSITE**
(800) 525-4542	guardianlife.com

Please update or verify your life insurance beneficiary during your enrollment process.

ABOUT THIS COVERAGE

What it covers	Voluntary Life Insurance provides financial protection for you and your covered dependents in the event of death. You can choose the amount of coverage that best fits your needs, subject to plan limits and eligibility requirements.

SUMMARY OF COVERAGE

PLAN FEATURE	PLAN DETAILS
Employee benefit amount	Increments of $10,000 up to 5 times basic annual earnings, to a maximum of $500,000. You must be enrolled to purchase coverage for your spouse and/or children
Employee guarantee issue amount	Up to $200,000 if you sign up for coverage when initially eligible for coverage
Employee age reduction	Reduces by 35% at age 65 and 55% at age 70
Spouse benefit amount	Increments of $5,000 up to $250,000 not to exceed 100% of employee's amount
Spouse guarantee issue amount	Up to $25,000 if you sign up for coverage when initially eligible for coverage
Spouse age reduction	Reduces by 35% at age 65 and terminates at age 70
Spouse rate basis	Spouse/Domestic Partner rate is based on employee's age bracket.
Child benefit amount	$1,000 to $10,000 in $1,000 increments, not to exceed 100% of employee's amount Birth to age 26
Child guarantee issue amount	Up to $10,000
Grandfathered amounts	Current coverage amounts above the Guarantee Issue are subject to Underwriting approval before coverage or contract issuance. A prior carrier bill with ages and in force volumes must be provided.
Evidence of insurability	Evidence of insurability (EOI) is required for any increase to benefit amount.
Accelerated benefit	75% of the death benefit, Minimum: $10,000, Maximum: $500,000
Portability and Conversion	Yes

You must be enrolled to elect coverage for dependents.

PLAN COST

AGE BAND	EMPLOYEE MONTHLY RATE PER $1,000 OF COVERAGE	SPOUSE MONTHLY RATE PER $1,000 OF COVERAGE
0–29	$0.045	$0.045
30–34	$0.046	$0.046

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AGE BAND	EMPLOYEE MONTHLY RATE PER $1,000 OF COVERAGE	SPOUSE MONTHLY RATE PER $1,000 OF COVERAGE
35–39	$0.061	$0.061
40–44	$0.085	$0.085
45–49	$0.129	$0.129
50–54	$0.196	$0.196
55–59	$0.317	$0.317
60–64	$0.42	$0.42
65–69	$0.714	$0.714
70+	$1.268	$1.268
Child Rate	$0.159 per month, per $1,000	

ALSO INCLUDED WITH YOUR VOLUNTARY LIFE COVERAGE

Estate Guidance & Online Will Preparation

Create a customized will at no cost through a simple and secure online tool. Draft a living will for end-of-life care for $14.99. Draft a final arrangements document to express preferences for funeral services for $9.99.

INCOME PROTECTION

Voluntary AD&D Insurance

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	WEBSITE
(800) 525-4542	guardianlife.com

You pay the full cost of this benefit through convenient payroll deductions.

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Please update or verify your life insurance beneficiary during your enrollment process.

ABOUT THIS COVERAGE

What it covers	Voluntary AD&D Insurance provides additional financial protection if you or a covered dependent die or suffer a covered injury as a result of an accident. Coverage is available up to the benefit amount you elect, subject to plan limits and eligibility requirements.
Things to consider	The benefit can provide additional financial support to help you or your family manage expenses such as everyday living costs, final expenses, tuition, and more.

SUMMARY OF COVERAGE

PLAN FEATURE	PLAN DETAILS
Employee benefit amount	Increments of $10,000 up to 5 times basic annual earnings, to a maximum of $500,000. You must be enrolled to purchase coverage for your spouse and/or children
Spouse benefit amount	Increments of $5,000, to a maximum of $250,000, not to exceed 100% of employee amount
Child benefit amount	$1,000 to $10,000 in $1,000 increments, not to exceed 100% of employee's amount

PLAN COST

WHO IS COVERED	RATE	RATE BASIS
Employee	$0.020	Monthly Rate per $1,000 of Coverage
Spouse	$0.020	Rates per $1,000
Children	$0.020	Rates per $1,000

INCOME PROTECTION

Long Term Disability

Guardian

CARRIER	GROUP NUMBER
Guardian	01104284
PHONE	**WEBSITE**
(800) 538-4583	guardianlife.com

Your employer pays the full cost of this benefit. You pay nothing for coverage.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

ABOUT THIS COVERAGE

What it covers	If a covered illness or injury prevents you from working, Long-Term Disability provides a portion of your income while you recover, subject to the terms of the plan.
Things to consider	This benefit can help replace part of your income so you can continue to manage expenses such as rent or mortgage payments, groceries, medical expenses, and more while you are unable to work.

SUMMARY OF COVERAGE

PLAN FEATURE	PLAN DETAILS
Monthly benefit amount	60% of pre-disability earnings
Maximum benefit amount	Up to $10,000 per month
Elimination period	90 days
Benefit duration	Up to Social Security Normal Retirement Age
Pre-existing condition limitation	If you have received treatment for a condition 3 months prior to your effective date, a disability caused by a pre-existing condition within the last 12 months of your effective date will not be covered.

ALSO INCLUDED WITH YOUR LONG TERM DISABILITY COVERAGE

Wellthy
Personalized caregiving resources, coaching, and community to help navigate any caregiving journey for oneself or your loved ones.
wellthy.com/member/guardian-members

Gaurdian + Osara Health
With cancer cases in the United States continuing to rise and remaining a leading cause of long-term disability, employees may be looking for improved benefits that can support them to a better quality of life. That's why Guardian partnered with Osara Health to bring our members facing a cancer diagnosis the support services that can help you focus on your holistic well-being throughout your treatment. Because you have Guardian Long-Term Disability Insurance as a benefit through your employer, you have access to this unique 6-to-12-week program.

As part of the Guardian disability claims process, you will be proactively provided with details on how to access this valuable benefit.

AT A GLANCE

Extra coverage

What protection can I add?

Optional benefits that provide extra protection, support, and savings.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

COVERAGE	CARRIER	WHO PAYS	DETAILS
Accident Insurance	Guardian	Employee	Pays you cash after an injury like a broken bone, separate from your medical plan.
Hospital Indemnity Insurance	Guardian	Employee	Pays you cash if you're admitted to the hospital, separate from your medical plan.
Critical Illness Insurance	Guardian	Employee	Pays you a lumpsum after a serious diagnosis like cancer, heart attack, or stroke.

EXTRA COVERAGE

Accident Insurance

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	**WEBSITE**
(800) 541-7846	guardianlife.com

You pay the full cost of this benefit through convenient payroll deductions.

FROM YOUR EMPLOYER

Accident insurance is an extra layer of protection that gives you a lumpsum benefit payment to help cover out-of-pocket expenses.

Who is it for?
Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?
Accident Insurance pays you lumpsum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?
Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, cost-effective way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.
Plus, accident insurance is portable, and payments are made directly to you.

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ABOUT THIS COVERAGE

What it covers	Accidents can happen unexpectedly. Accident Insurance provides a lumpsum benefit directly to you if you experience a covered accident. It can supplement your health and disability coverage by helping with out-of-pocket expenses that may result from an unexpected, qualifying accident. Refer to your benefit summary for details about covered accidents and benefit amounts.
Things to consider	Accident Insurance can provide an extra layer of financial protection when unexpected costs arise, such as deductibles, X-rays, ambulance services, or other out-of-pocket expenses. Benefits are paid directly to you, so you can use the money where it's needed most, including for everyday expenses such as rent or groceries. Coverage may also provide benefits for covered accidents that occur while traveling.

PLAN COST

COVERAGE TIER	MONTHLY
Employee	$9.67
Employee and spouse	$14.92
Employee and children	$18.43
Employee and family	$23.68

EXTRA COVERAGE

Hospital Indemnity Insurance

Guardian

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	WEBSITE
(800) 541-7846	guardianlife.com

You pay the full cost of this benefit through convenient payroll deductions.

FROM YOUR EMPLOYER

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?
Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?
Medical insurance insures medical expenses while hospitalized, but other costs can add up like extra childcare, transportation, help around the house, and pet care. Hospital Indemnity coverage pays lumpsum benefits based on admission and days hospitalized that can be used to help with any costs.

Why should I consider it?
Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more financial confidence for unplanned expenses brought on by a hospital stay. Plus, hospital indemnity insurance is portable, and payments are made directly to you.

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ABOUT THIS COVERAGE

What it covers	Hospital Indemnity Insurance provides a cash benefit if you're admitted to a hospital due to a covered illness or injury. While medical insurance may help cover hospital bills, you may still have out-of-pocket expenses associated with a hospital stay. Benefits are paid directly to you and can be used to help cover costs such as deductibles, copays, transportation to and from treatment, childcare, or other everyday expenses while you recover.
Things to consider	Hospital Indemnity Insurance can provide an additional financial safety net when an unexpected hospital stay leads to extra expenses. Because benefits are paid directly to you, you can use them where they're needed most, even if you don't have any out-of-pocket medical expenses. Coverage is also portable, allowing you to take it with you if you leave your employer.

PLAN COST

COVERAGE TIER	
Employee	$10.71
Employee and spouse	$18.15
Employee and children	$15.21
Employee and family	$27.03

EXTRA COVERAGE

Critical Illness Insurance

Guardian

CARRIER	GROUP NUMBER
Guardian	00104284
PHONE	WEBSITE
(800) 541-7846	guardianlife.com

You pay the full cost of this benefit through convenient payroll deductions.

FROM YOUR EMPLOYER

Critical illness Insurance provides financial support following the diagnosis of a covered critical illness. The lumpsum benefit is paid to you, so you can focus more on recovery, less on expenses.

Who is it for?
Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lumpsum benefit to cover expenses like deductibles, treatments, and living costs.

What does it cover?
Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lumpsum if you're diagnosed with one of them.

Why should I consider it?
Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lumpsum benefits for the first and second time you're diagnosed with a covered illness.
Plus, critical illness insurance is portable, and payments are made directly to you.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

ABOUT THIS COVERAGE

What it covers	Critical illness insurance may help you cover expenses not covered by your health insurance. It's a cash payment you receive if you ever experience a serious illness like cancer, heart attack, or a stroke, giving you financial support to focus on recovery. Critical illness insurance is a supplemental policy for people who already have health insurance. It provides an additional payment to cover expenses like deductibles, treatments, and living costs. Refer to the benefit summary for specific covered illnesses.
Things to consider	Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Policies typically provide payments for the first and second time you're diagnosed with a covered illness. Plus, it is portable, and payments are made directly to you.

PLAN COST

Refer to mnurologybenefits.com for current rates.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

Important Terms

Words that come up throughout this booklet and in your plan documents.

Annual deductible	The amount you must pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).
Conversion	The ability to convert your group life insurance policy to an individual life insurance policy.
Copays & coinsurance	These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the providers.
Embedded vs non-embedded	Embedded plans effectively have two deductible amounts within one plan: single and family. The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible. Non-embedded means the entire family deductible must be met before the plan pays.
Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.
Out-of-pocket maximum	This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays, and coinsurance.
Portability	The ability to keep your current group life insurance policy when you are no longer an eligible employee or dependent.
Pre-existing condition limitation	A condition that is excluded from coverage for a specific period, based on diagnosis or treatment.
Premium	The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance.
Preventive care	Preventive care helps detect or prevent serious diseases and medical problems before they can become major. Annual check-ups, immunizations, and flu shots, as well as certain tests and screenings, are a few examples of preventive care. This may also be called routine care.

This summary is provided for your information and is not a Summary Plan Description. If it differs from the plan documents or certificates, the plan documents control.

REFERENCE

Disclaimers

IMPORTANT LEGAL NOTICES

Federal law requires your group health plan to provide you with certain legal notices, such as notices about COBRA continuation coverage, special enrollment rights, Medicaid and CHIP premium assistance, and your rights under the Women's Health and Cancer Rights Act. Minnesota Urology is responsible for providing these notices to you. To request a copy, contact the HR contact listed in this guide. Copies may also be available on Minnesota Urology Benefit Call Center. These notices are separate from this document, and this document does not replace them.

BENEFIT DETAILS

The Benefit Details document is only a summary provided for your information. If there is a discrepancy between the Benefit Details document and the contract/certificates used for clarification of coverage/rates; the contract/certificates are deemed correct. Minnesota Urology reserves the right to change, amend, terminate, or otherwise alter any benefit described in the Benefit Details document at any time.

VALUE ADDED SERVICES DISCLAIMER

The Benefit Details document provides a general outline of value-added services; they are subject to be amended or changed based on carrier agreements. Please see your member materials from the carrier providing the value-added services for a full description of the services included with your specific coverage.