MINNESOTA UROLOGY

PREPARED BY

Christensen Group Insurance

2027 BENEFIT DETAILS CLASS IV PART-TIME WORKING 20-29 HOURS/WEEK

Minnesota Urology Class IV

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.

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.

BEFORE YOU ENROLL

Benefit Eligibility

WHO IS ELIGIBLE	PAYCHECK DEDUCTIONS
Part-Time Employees (20-29 hours/ week) Employee, Legal Married Spouse, Legal Children, Stepchildren, Domestic Partner	**Bi-Weekly (26 deductions)** 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, part-time employees scheduled to work 20-29 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.

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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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BEFORE YOU ENROLL

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
Vision Insurance	EyeMed	1040993	(866) 723-0513	eyemed.com/en-us
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

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
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

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PLAN FEATURE	PLAN 1
Network	Insight
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.

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?

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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.

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.

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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.

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.

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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.

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.

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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.

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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.