2027 BENEFIT PROGRAM HIGHLIGHTS

Minnesota Urology

Plan year: January 1 – December 31, 2027

A summary to walk through your options. Additional plan details can be found on mnurologybenefits.com.

ENROLLMENT WINDOW

November 30 to December 4, 2026

Elections lock in for the full plan year.

WHO IS ELIGIBLE

30+ hrs/week

Employee, Legal Married Spouse, Legal Children, Stepchildren, Domestic Partner

COVERAGE BEGINS

January 1, 2027

For current employees. New hires begin on the first of the month following 30 days of employment.

PAYING FOR IT

Bi-Weekly (26 deductions)

Taken automatically from your paycheck.

CHANGED YOUR MIND MID-YEAR?

Elections can only change after a qualifying life event: marriage, divorce, birth, or loss of other coverage.

OVERVIEW

Your benefits package

How do my benefits fit together?

Your benefits are a meaningful part of your compensation. Each has been carefully chosen to protect you from expected — or unexpected — expenses and to help you manage your finances.

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.

AT A GLANCE

Health coverage

How do I get care?

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

Medical Insurance

WHO PAYS **SHARED**

Choose from three plans including a copay plan option and two HSA-qualified options.

HealthPartners

Prescription Drugs

WHO PAYS **SHARED**

Use HealthPartners prescription tools and resources so you can learn what is covered, save money, find nearby pharmacies and more.

HealthPartners

Employee Assistance Program

WHO PAYS **EMPLOYER**

Confidential support and resources to help you and your household navigate life's challenges.

HealthPartners

Dental Insurance

WHO PAYS **SHARED**

Cleanings and exams are covered at 100%, with a $1,500 annual maximum per person.

Delta Dental of Minnesota

Vision Insurance

WHO PAYS **EMPLOYEE**

Helps pay for eye exams, glasses with a $150 allowance, and contacts.

EyeMed

HEALTH COVERAGE

Medical Insurance

HealthPartners

WHO PAYS **SHARED**

SUMMARY OF COVERAGE

The plan operates 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

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HEALTH COVERAGE

Medical Insurance

HealthPartners

continued

SUMMARY OF COVERAGE

The plan operates on a Calendar Year.

PLAN FEATURE	$3,500-75% HSA PLAN	$4,000-100% HSA PLAN	$1,500-$35/$70-75% COPAY PLAN
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
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

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HEALTH COVERAGE

Medical Insurance

HealthPartners

continued

PHARMACY AND VIRTUAL CARE

Prescription Drugs

Your prescriptions are managed by the pharmacy benefit manager. Check the drug list before you fill a new prescription and ask about generics.

HealthPartners

Virtual care

See a clinician by video for everyday issues: colds, rashes, refills. It is usually the lowest-cost way to get care on every plan. Use your carrier's telemedicine vendor.

Doctor On Demand, Teladoc, Virtuwell

Doctor On Demand: (800) 997-6196 · doctorondemand.com
Teladoc: (800) 835-2362 · teladochealth.com
Virtuwell: (877) 440-1001 · virtuwell.com

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

PLAN COSTS

Monthly

COVERAGE TIER	$3,500-75% HSA PLAN	$4,000-100% HSA PLAN	$1,500-$35/$70-75% COPAY PLAN
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

ALSO INCLUDED WITH YOUR MEDICAL PLAN

PROGRAM	WHAT IT DOES
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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HEALTH COVERAGE

Medical Insurance

HealthPartners

continued

ALSO INCLUDED WITH YOUR MEDICAL PLAN (CONTINUED)

PROGRAM	WHAT IT DOES
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 enjoy exclusive discounts on products and services designed to support your health and well-being 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	Our pharmacists offer free in-person or phone consultations to review medications, check interactions and side effects, and ensure your medicines are safe and right for you. — healthpartners.com/mtminfo
Behavioral health condition management support	Get confidential, no-cost behavioral health support and personalized guidance from an experienced specialist. Call 800-871-9243.
HealthPartners Telemedicine - Teladoc	Complete a brief medical history to connect with medical experts by phone, video, or app for prescriptions, guidance, or preexisting condition reviews. — 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. — 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 offers resources and support to help you quit smoking and live healthier. Call 800-311-1052 to get started.
Travel Assistance	Get travel emergency support for lost baggage, translators, medical assistance, and more. Call 800-872-1414 or download the Assist America app using 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

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HEALTH COVERAGE

Dental Insurance

Delta Dental of Minnesota

WHO PAYS **SHARED**

SUMMARY OF COVERAGE

The plan operates 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%, ded 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	Ded; then 80%
Major Care Crowns and Crown Repair, Composite Resin Restorations (White Fillings) on Posterior (Back) Teeth, Bridges, Dentures, Dental Implants	Ded; then 50%

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HEALTH COVERAGE

Dental Insurance

Delta Dental of Minnesota

continued

PROVIDER NETWORK

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.

PLAN COSTS

Monthly

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

HEALTH COVERAGE

Vision Insurance

EyeMed

WHO PAYS **EMPLOYEE**

SUMMARY OF COVERAGE

The plan operates on a Plan Year.

PLAN FEATURE	PLAN 1
Network	Insight

HEALTH COVERAGE

Vision Insurance

EyeMed

continued

SUMMARY OF COVERAGE

The plan operates on a Plan Year.

PLAN FEATURE	PLAN 1
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
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

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HEALTH COVERAGE

Vision Insurance

EyeMed

continued

PROVIDER NETWORK

Insight

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

PLAN COSTS

Monthly

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

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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.

Health Savings Account (HSA)

FUNDED BY **SHARED**

Save pre-tax money for medical costs.

HSA Bank

General Purpose FSA

FUNDED BY **EMPLOYEE**

Set aside pre-tax money to pay for medical, dental, and vision expenses you pay yourself.

WEX

Limited Purpose FSA

FUNDED BY **EMPLOYEE**

Set aside pre-tax money for dental and vision expenses while you keep saving in your HSA.

WEX

Dependent Care FSA

FUNDED BY **EMPLOYEE**

Set aside pre-tax money to pay for daycare, preschool, or after-school care up to $7,500 a year.

WEX

SPENDING AND SAVINGS ACCOUNTS

Health Savings Account (HSA)

HSA Bank

FUNDED BY **SHARED**

ACCOUNT DETAILS

Who is eligible	Enrolled in a qualifying high-deductible plan, not covered by other non-HDHP health coverage, Medicare, or general purpose FSA/HRA, and not claimed as a dependent on someone else's return. Veteran, covered by a spouse's FSA, or unsure if this applies to you? Check with your tax advisor.
Triple tax savings	Save money on taxes in 3 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
Using your funds	Pay with your HSA card or reimburse yourself for eligible expenses. Unused funds roll over and stay yours. Full expense list: IRS Publication 502.
Investments	Once your balance reaches $1,000 you may be able to invest a portion.

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SPENDING AND SAVINGS ACCOUNTS

Health Savings Account (HSA)

HSA Bank

continued

ACCOUNT DETAILS

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)
2027 contribution limits	Single $4,500 Family $9,000 Add $1,000 if you are 55 or older. Unsure whether you qualify? Check with HR or your tax advisor.

SPENDING AND SAVINGS ACCOUNTS

Flexible Spending Accounts

WEX

FUNDED BY **EMPLOYEE**

ACCOUNT SUMMARY

FEATURE	GENERAL PURPOSE FSA WEX	LIMITED PURPOSE FSA WEX	DEPENDENT CARE FSA WEX
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.

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SPENDING AND SAVINGS ACCOUNTS

Flexible Spending Accounts

WEX

continued

ACCOUNT SUMMARY

FEATURE	GENERAL PURPOSE FSA WEX	LIMITED PURPOSE FSA WEX	DEPENDENT CARE FSA WEX
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.

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SPENDING AND SAVINGS ACCOUNTS

Flexible Spending Accounts

WEX

continued

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.

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AT A GLANCE

Income protection

What if life goes wrong?

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

Life Insurance

WHO PAYS **EMPLOYER**

Pays your family a $100,000 benefit,at no cost to you.

Guardian

AD&D Insurance

WHO PAYS **EMPLOYER**

Pays an additional $100,000 if an accident causes death or serious injury.

Guardian

Voluntary Life Insurance

WHO PAYS **EMPLOYEE**

Buy extra life insurance for yourself and cover your spouse and children too.

Guardian

Voluntary AD&D Insurance

WHO PAYS **EMPLOYEE**

Buy extra coverage that pays if an accident causes death or serious injury for you and your family.

Guardian

Long Term Disability

WHO PAYS **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.

Guardian

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AT A GLANCE

Extra coverage

What protection can I add?

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

Accident Insurance

WHO PAYS **EMPLOYEE**

Pays you cash after an injury like a broken bone, separate from your medical plan.

Guardian

Hospital Indemnity Insurance

WHO PAYS **EMPLOYEE**

Pays you cash if you're admitted to the hospital, separate from your medical plan.

Guardian

Critical Illness Insurance

WHO PAYS **EMPLOYEE**

Pays you a lumpsum after a serious diagnosis like cancer, heart attack, or stroke.

Guardian

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NEXT STEPS

Completing your enrollment

What do I do next?

Enrollment closes December 4, 2026. Review your elections, confirm dependents and beneficiaries, and review anything marked new or updated for this plan year.

Important Legal Notices: Your health plan comes with required legal notices about your rights, including COBRA and special enrollment rights. Your employer is responsible for providing them to you. Ask the HR contact listed in this guide for a copy. They may also be available on https://mnurologybenefits.com.

If you are looking for assistance, or have questions, you can contact the Benefits Call Center. They can even enroll you over the phone by calling 888-598-2040.

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