



FOCUS ON BENEFITS

January 2020



cmmhc

Central Minnesota Mental Health Center

Together, Creating a Healthier Life

QUESTIONS

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This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

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- Paid Time Off (PTO)
- Continuing Education

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HEALTH PLAN SUMMARY

Effective January 1, 2020, we will continue to offer a health plan through HealthPartners for all benefit-eligible employees.



In-Network	\$2,000-\$40 Traditional	\$3,000-100% HSA
Deductible <i>per calendar year</i>	\$2,000/single \$6,000/family	\$3,000/single \$6,000/family
Out of Pocket Max <i>per calendar year</i>	\$4,000/single \$8,000/family	\$3,250/single \$6,500/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay \$40 per visit	You pay 0% after deductible
Preventive Services <i>Well child, Immunizations, Certain Prenatal Services, Screening</i>	You pay \$0	You pay \$0
Mental/ Behavioral/ Substance Use <i>Outpatient</i>	You pay \$40 per visit	You pay 0% after deductible
Ambulance	You pay 25% after deductible	You pay 0% after deductible
Hospital	You pay 25% after deductible	You pay 0% after deductible
Prescription Drugs Retail GenericsPlusRx <i>Formulary generic</i> <i>Formulary brand</i> <i>Non-formulary generic/brand</i>	You pay \$16 You pay \$60 You pay \$90	You pay 0% after deductible (Non-formulary not covered)
Select Preventive Drugs <i>Generic</i> <i>Brand</i>	N/A	You pay \$12 You pay \$45
Specialty	You pay 20% subject to a \$200 maximum copay per prescription per month	You pay 0% after deductible

Always use a network provider for highest benefit levels from your plan. Our health plans use the **Open Access Perform** network. When you are out of the HealthPartners area, use the **CIGNA** network for best coverage. No referrals are needed when you use an Open Access Perform or CIGNA provider.

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including out-of-network coverage, mail order prescriptions and other health services.

QUESTIONS?

Call customer service at **952-883-5000** or call the phone number on the back of your ID card or visit www.healthpartners.com.

Please review your benefit plan summary document for more detailed coverage information.

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HEALTH SAVINGS ACCOUNT ADVANTAGES

Is a health savings account right for me?

Like any health care option, an HSA has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year. Even if you think you might have expensive medical care in the next year, the HSA plan may result in lower overall cost due to lower premiums and CMMHC's contribution to your account.

If you are near retirement, an HSA may make sense because the money in the HSA can be used to offset costs of medical care after retirement.

Contributions cannot be made to the HSA of members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to make contributions to an HSA.

Also an HSA is not available to employees who are eligible for a spouse's medical flexible spending arrangement (FSA), unless the spouse's medical FSA is a limited medical FSA.

Please notify HR if you become enrolled in Medicare or other disqualifying coverage so that HSA contributions can be terminated and avoid adverse tax consequences for you. If you are eligible for, but not enrolled in, Medicare please contact HR before deciding to continue any HSA contributions.

How much can you put in the health savings accounts?

Maximum contributions are \$3,550 for single coverage and \$7,100 for family coverage for 2020 (employer and employee contributions combined).

Your Health Savings Account will be offered through Further. To enroll, you must fill out and return applicable forms.

TOP REASONS TO HAVE AN HSA

Employer Contribution — CMMHC will contribute \$400 to your HSA in 2020 (prorated per payroll).

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums — The cost of coverage under a qualified HDHP is typically lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

Safety Net — AN HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

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How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or the company puts money into the HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to HealthPartners.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time you can choose to:
 - Use your HSA funds to pay the provider directly for the amount due
 - Pay the provider with personal funds and request reimbursement
 - Use your funds and save your HSA dollars for future medical expenses
6. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

How do I find information about medical costs and quality so I can make informed choices?

Use the HealthiestYou app's provider discovery, price transparency and prescription savings tools to find nearby providers and pricing for prescriptions and common procedures. You can also call HealthPartners member services or log on to www.healthpartners.com to search for providers and clinics that offer the medical services you need at the best cost.

Can I withdraw money from an HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

BE A SMART HEALTHCARE CONSUMER!



Gaining a better understanding of your healthcare options now can help you save both time and money when you need to seek care. Options for treatment include:

Nice Healthcare: Nice is healthcare that comes to you. It starts with a video visits and, if needed, Nice will come to you to perform labs, x-rays or even deliver medications.

Cost: \$0

HealthiestYou Telemedicine:

HealthiestYou offers 24x7 access to doctors who can diagnose and treat, and even prescribe medications for many medical issues.

Cost: \$0

Convenience Care, Online Care: Located inside of retail stores or online, visit these for common ailments like strep throat, pink eye, bladder infection, etc.

Cost: \$

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require immediate attention.

Cost: \$\$\$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.

Cost: \$\$\$\$

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VALUE – ADDED SERVICES

Resources for your total health support from **HealthPartners**:

Care Line Service: Receive advice from registered nurses, open 24 hours, by calling **800-551-0859**.

Babyline Service: Whether you're pregnant or planning a pregnancy, this is an exciting time. Get your questions answered 24/7 while you are pregnant or if you have a new baby who is six weeks old or younger. Call the Babyline at **800-845-9297**.

Behavioral Health Personalized Assistance Line (PAL): Find a behavior health professional when you have questions about mental health and chemical dependency networks, benefits and services. Call **952-883-5811** or **888-638-8787** for help.

virtuwell: Your 24/7 online clinic, virtuwell is a great option for simple medical conditions like cold and flu, ear pain and sinus infections. A visit is only \$49 or less depending on your benefit plan. If you are with HP, you will pay same amount as a convenience clinic visit. Log on to

www.virtuwell.com.

yumPower: Find tasty foods that power your body and help you live the best life. Search healthy recipes, find tools, tips and great videos at www.yumPower.com.

Tobacco Cessation: HP 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. Sign up with a health coach at **800-311-1052**.

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**.

OnTrackRx: A program that provides ways for you to manage your medicines. Use this resource to help you save time and money through MyMailRx and the Drug Cost Calculator, get support from pharmacist through RxCheckup and Pharmacy Navigators, and set reminders for taking your prescriptions on time. More information is at www.healthpartners.com.

Convenience Clinics: HP has joined with various convenience clinics, including MinuteClinic, to provide healthcare for many common illnesses and vaccinations. Your health plan convenience care benefit applies.

SAVE MONEY!



Fitness Discounts: When you visit fitness clubs like Lifetime Fitness, YMCA, YWCA, Gold's Gym, or Snap Fitness and work out 12 times per month, you and an adult dependent can receive a \$20 discount, per person (2 max) for each qualifying month. HP does offer discounts on other club joiner's fees and dues as an option.

Healthy Discounts: As part of your HealthPartners plan, you get special discounts or prices with our program. Receive discounts on eyewear, allergy relief supplies, fitness classes, Nutrisystem, fitness equipment, children's swim lessons, spa services and saunas. Just show your Member ID card at stores and companies that are part of the program, and receive discounts to help you feel and look great!

Vision Discounts: Save up to 35% on eyewear at HP Eye Care Centers, Target, Pearl Vision, Lens Crafters and more with the Vision Discount card.

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INTRODUCING NICE HEALTHCARE

Nice Healthcare is a primary care clinic that comes to you, on your schedule, while spending time to make sure everything makes sense. All services are **FREE** to eligible employees and their dependents.

How does Nice work?

The nice experience starts with a video visit with a provider. If your condition requires lab tests, x-rays or in-person evaluation, the provider will come to you.

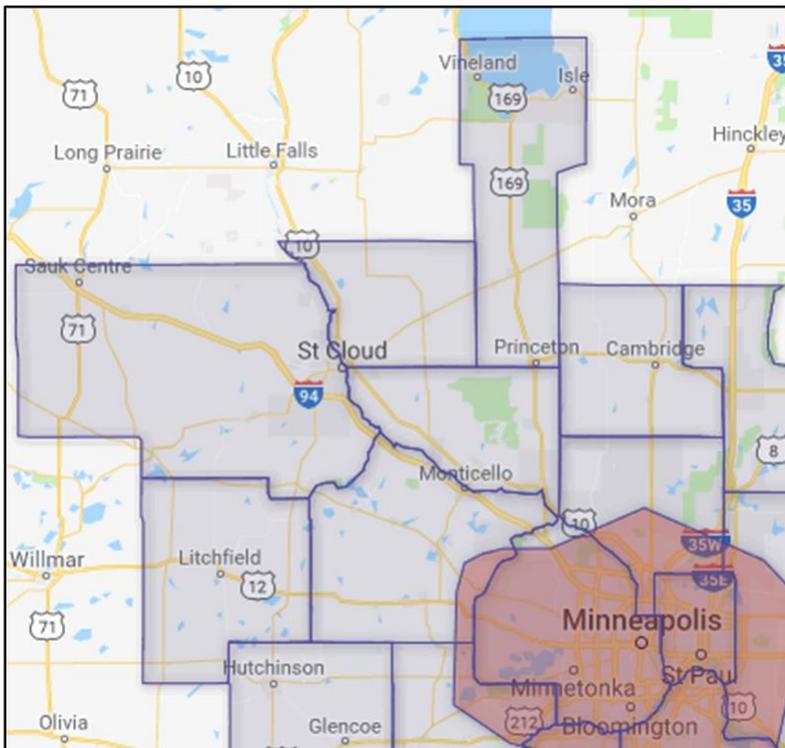
Who is eligible for Nice?

Employees who are enrolled in one of the CMMHC health plans automatically receive a Nice membership. The membership includes coverage for spouses and children, even if the employee only enrolls in single coverage on the CMMHC health plan.

Unfortunately, Nice is unable to treat patients who are Medicare eligible and/or have any type of Medicare insurance due to Medicare regulations.

Where are Nice services available?

Minnesota residents can access virtual visits anywhere in the country. Home and work visits are available in select Minnesota counties. Below is a map of the service area northwest of Minneapolis. A complete map is available [here](#) (or go to [nice.healthcare](#) and click on Locations)



What services does Nice provide?

Nice is a primary care clinic and can do most things a traditional clinic can do including x-rays, blood draws, labs, and checkups. All in the comfort of your home. Nice even provides many common prescription drugs and deliver them to your home or work.

What services does Nice not provide?

Acute conditions that Nice typically refers are anything deemed to be severe or urgent, stitches, tuberculosis, kidney infection, fractures that require casting and foreign body removals. Nice providers do not give vaccinations or prescribe controlled substances.

Who pays the membership fee for Nice?

CMMHC pays 100% the monthly membership fee. In order to keep the plan in compliance with IRS regulations, employees must pay taxes on the membership fee. To accomplish this, employee health plan premiums are reduced by \$27 per month and an equal after tax deduction is applied.

How do I get started with Nice?

Search "nice healthcare" in your app store or go to: [nice.healthcare/schedule](#)

Healthcare that comes to you

Video, chat & home visits for acute and chronic conditions

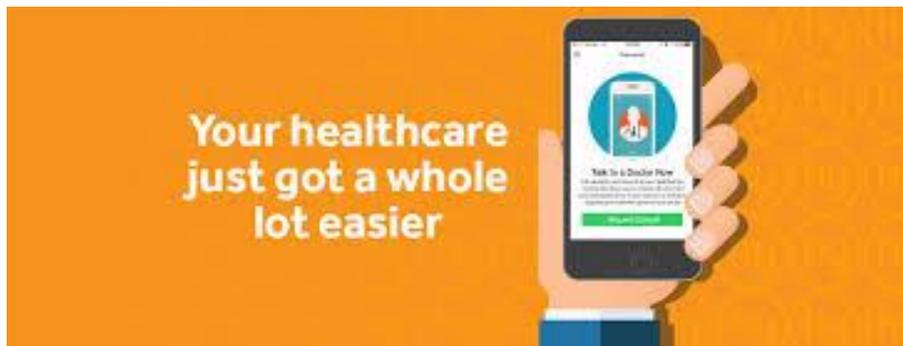
Video & Chat: 8am-7pm M-F, 9am-12pm S-S
Home: 9am-5pm M-F

search 'nice healthcare' in your app store

The graphic features a dark blue background with a white network icon in a circle on the left. It includes text about video, chat, and home visits, along with service hours. At the bottom, it encourages users to search for the app in their app store.

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How to Register for HealthiestYou

1. Search and download “HealthiestYou” or “HY” in the app store or Google Play!
Available on iPhone or Android devices!
2. Select “First time here? Register Now”.
Select employee as your membership type.
3. Enter the CMMHC employee’s information:
 - Last name
 - Date of birth
 - Zip code
4. A list of names associated with the account will appear. Select your name.
 - Dependents under 18 will appear on the primary member’s profile.
 - Dependents over 18 will need to register their own account with a separate email.
5. Enter in a valid email address and password. Password must meet the listed requirements.
6. Enter in the best number to reach you. Our doctors will use this number to contact you.
7. Select your preferred language, click “I Accept Terms & Conditions.” and click Finish.

About HealthiestYou: HealthiestYou uses today’s best technology to make accessing healthcare easy and affordable. Features include:

- **FREE, 24x7** access to doctors who can diagnosis your symptoms via phone or video. They can even prescribe medication if needed.
- Radar helps you find nearby providers such as urgent care centers, pharmacies and doctor’s offices.
- Reminders pop up in real time based on your location. For example, if you enter an urgent care center, the app will remind you that you have access to free telemedicine.
- Pricing transparency features allow you to compare costs of medications and procedures to make sure you’re getting the best deal.
- Integration with HealthPartners allows you to use the HealthiestYou app to check your deductible status on the go.

NEW FOR 2020

Dermatology Services

- Upload photos of your condition to the app and get a treatment plan from a board-certified dermatologist within two business days
- \$75 per consult

Mental Health Services

- Talk to a therapist seven days a week from wherever you are
- Psychiatrist - \$200 per evaluation, \$95 per follow up
- Psychologist, Therapist, Counselor - \$85 per consult

Note regarding the membership fee

CMMHC pays 100% the monthly membership fee. In order to keep the plan in compliance with IRS regulations, employees must pay taxes on the membership fee. To accomplish this, employee health plan premiums are reduced by \$9.75 per month and an equal after tax deduction is applied.

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MONTHLY HEALTH PLAN PREMIUMS

Full-Time Employees (36-40 hours per week)

\$2,000-\$40 Traditional Plan		
Coverage Tier	Total Premium	Your Cost
Employee	\$903.32	\$91.02
Employee + spouse	\$1,545.55	\$679.94
Employee + children	\$1,348.86	\$399.57
Family	\$1,787.23	\$801.55

\$3,000-100% HSA Plan		
Coverage Tier	Total Premium	Your Cost
Employee	\$824.22	\$8.25
Employee + spouse	\$1,410.21	\$538.32
Employee + child(ren)	\$1,230.74	\$275.97
Family	\$1,630.72	\$637.78

MONTHLY HEALTH PLAN PREMIUMS

Full-Time Prorated Employees (30-35 hours per week)

\$2,000-\$40 Traditional Plan		
Coverage Tier	Total Premium	Your Cost
Employee	\$903.32	\$231.13
Employee + spouse	\$1,545.55	\$820.05
Employee + child(ren)	\$1,348.86	\$559.68
Family	\$1,787.23	\$961.66

\$3,000-100% HSA Plan		
Coverage Tier	Total Premium	Your Cost
Employee	\$824.22	\$148.36
Employee + spouse	\$1,410.21	\$678.43
Employee + child(ren)	\$1,230.74	\$436.08
Family	\$1,630.72	\$797.89

Important Note: An additional \$36.75 per month will be deducted from the pay of employees enrolling in one of the CMMHC health plan options to cover the cost of the HealthiestYou and Nice Healthcare programs. The rates above have been reduced by this amount so that the only net cost to employees for these programs is the taxes. Employees must pay the taxes on these program costs for the plan to remain compliant with IRS regulations.

HEALTH PLAN OPTIONS



The Traditional Plan will be a “buy-up” plan in 2020 and will no longer be offered effective January 1, 2021. Employees are encouraged to do the math to determine which plan makes the most sense for 2020. Opting for the HSA plan and depositing the premium difference in the HSA may be the most cost effective option for many employees.

SINGLE COVERAGE EXAMPLE:

	Traditional Plan	HSA Plan
Annual Premium	\$1,416	\$423
CMMHC HSA Contribution	\$0	\$400
Premium Savings to HSA	\$0	\$993
HSA Balance	\$0	\$1,393
Total Payroll Deductions	\$1,416	\$1,416
Out-of-Pocket Maximum (Using HSA)	\$4,000	\$3,250

As illustrated above, the HSA Plan costs \$993 less annually. If this amount is deposited in the HSA alongside the CMMHC contribution, the employee ends up with a total HSA balance of \$1,393 and a lower out-of-pocket maximum.

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DENTAL PLAN SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.



INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta's app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTH CARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call **877-846-7074** or visit www.amplifonusa.com for information.

QUESTIONS?

Call customer service at **800-553-9536** or call the phone number on the back of your ID card or visit www.deltadentalmn.org.

Features	Delta PPO Network	Delta Premier Network	Out-of-Network
Annual Maximum	\$1,000		
Annual Deductible <i>Does not apply to preventive and diagnostics</i>	\$50/person; \$150/family		
Diagnostic & Preventive <i>Exams, x-rays, fluoride, sealants</i>	You pay \$0	You pay \$0	You pay \$0*
Basic Restorative Care <i>Emergency pain treatment, amalgam restorations</i>	You pay 20%	You pay 20%	You pay 20%*
Endodontic Therapy <i>Pulpotomies on primary teeth, root canal therapy</i>	You pay 20%	You pay 20%	You pay 20%*
Periodontics <i>Nonsurgical/surgical periodontics</i>	You pay 20%	You pay 20%	You pay 20%*
Oral Surgery <i>Nonsurgical/surgical extractions, all other oral surgery</i>	You pay 20%	You pay 20%	You pay 20%*
Major Restoratives <i>Crowns, composite restorations</i>	You pay 50%	You pay 50%	You pay 50%*
Prosthetics / Prosthetic Repair <i>Denture, bridges, implants</i>	You pay 50%	You pay 50%	You pay 50%*

* Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Nonparticipating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the nonparticipating dentists.

Dental Plan Premiums: We contribute to your premiums. These rates are shown monthly and effective January 1, 2012:

Coverage Tier	Total Premium	Employee Cost Full Time (36-40)	Employee Cost FT Prorated (30-305)
Employee	\$32.81	\$0	\$5.48
Employee + spouse	\$65.68	\$23.68	\$29.16
Employee + child(ren)	\$71.97	\$32.63	\$38.11
Family	\$104.85	\$56.29	\$61.77

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VOLUNTARY VISION SUMMARY

Our vision plan is offered through Eyemed Vision Care.

About the Vision Plan: You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.



Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

QUESTIONS?

Call customer service at **888-939-3633**, call the phone number on the back of your ID card or visit www.eyemed.com.

Features	In-Network	Out-of-Network
Plastic Lenses <i>(Once per 12 month period)</i> Single Bifocal Trifocal or Lenticular	You pay \$20 You pay \$20 You pay \$20	You pay anything over: \$30 \$50 \$70
Lens Options <i>(Once per 12 month period)</i> Standard Progressive Lenses (add on to Bifocal) Premium Progressive Lenses (add on to Bifocal) Tier 1 Tier 2 Tier 3 Tier 4	You pay \$85 You pay \$105 You pay \$115 You pay \$130 You pay \$85, up to \$120 allowance	You pay anything over: \$50 \$50 \$50 \$50
Frames <i>(Once per 24 month period)</i>	\$0 copay, up to \$130 allowance	You pay anything over \$91
Contacts <i>(Once per 12 month period)</i> Elective, in lieu of glasses Medically Necessary	\$0 copay, up to \$130 allowance Paid in full	You pay anything over: \$130 \$210

Vision Plan Premiums: This is a voluntary plan, meaning you pay 100% of the premiums. Premiums are effective January 1, 2020:

Coverage Tier	Total Premium
Employee	\$4.72
Employee + spouse	\$8.97
Employee + child(ren)	\$9.44
Family	\$13.87

Please review your plan summary document for more detailed coverage information.

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FLEXIBLE SPENDING ACCOUNTS

We sponsor flexible spending accounts to help you pay for everyday expenses on a pre-tax basis. The FSA plan year runs January-December. The FSA benefit helps you pay for everyday medical expenses on a pre-tax basis by:

Premiums: Pre-tax contributions for medical, dental and vision premiums.

Medical care: Those not contributing to an HSA (or accepting CMMHC's contribution to their HSA) can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to \$2,700. As a reminder, you need to obtain a prescription for over-the-counter medications in order to use your FSA dollars for reimbursement (one prescription per OTC med, per year needed).

Dependent care: You can set aside pre-tax contributions for dependent care expenses up to \$5,000 per plan year. No dollars may be carried over into the next plan year.

Participants **must enroll** for the plan year effective on January 1, 2020.

IMPORTANT REMINDERS: Each component of the FSA requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. All components are "use it or lose it." No dollars will roll over to the next plan year. The plan is administered by HRSimplified.

MEDICAL FSA VS HSA



We offer both a Medical Flexible Spending Arrangement and a Health Savings Account. What's the difference?

	Medical FSA	HSA
Health Plan	Use with the copay plan	Use with the HDHP with HSA plan
Ownership	Owned by your employer	Owned by you
Enrollment	Need to re-enroll each year	Enroll once
Access To Your Money	You can access entire annual election amount any time during the year, even if not all the money has been deducted.	You can access to what is deposited to date. If there are not enough funds, you pay out-of-pocket, and reimburse yourself as more funds are deposited.
Use It Or Lose It	Yes, any money left is forfeited.	No, money stays until you spend it
Substantiation	You keep receipts, as may be asked to prove that the money spent was eligible	The account is not "policed", but keep receipts in case of IRS audit.
Option to Change Contributions	You can change election amount if you have a qualifying events, (i.e., marriage, divorce, birth, etc.) or during open enrollment period.	You can change your election amount on a monthly basis, as long as it does not exceed IRS limits, and the amount is in proportion to the number of months you were covered under the HDHP plan.

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ANCILLARY PLANS

All benefit-eligible employees are enrolled in life insurance, accidental death & dismemberment (AD&D) and long-term disability (LTD) plans provided through The Hartford. We pay 100% of the premium for you.

LIFE AND AD&D

You are covered for 1x your annual earnings up to a maximum of \$50,000 for the basic life plan. You are also covered at the same amount for the AD&D plan.

VOLUNTARY LIFE INSURANCE AND AD&D

You may elect optional life insurance and accidental death and dismemberment (AD&D) insurance. These plans are paid 100% by you and are intended to supplement the provided Basic Life and AD&D Insurance described above. Evidence of insurability may be required for applications for coverage over the guaranteed issue amounts listed below.

Employee Benefit	Maximum benefit is 5x annual earnings to the maximum of \$500,000. Sold in \$10,000 increments. A guaranteed issue amount of \$150,000 with no evidence of insurability required is available to employees who enroll when first eligible.
Spouse Benefit	Maximum benefit is \$100,000. Sold in \$5,000 increments, not to exceed 50% of the employee's elected amount or \$250,000 whichever is less. A guaranteed issue amount of \$25,000 with no evidence of insurability required is available to spouses who enroll when first eligible.
Child(ren) Benefit	Maximum benefit is \$10,000, not to exceed 100% of the employee's elected amount. Sold in \$2,000 increments. The maximum benefit for a child who is less than 6 months is \$500.00. The full amount is guaranteed issue with no evidence of insurability required for children enrolled when first eligible.

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VOLUNTARY LIFE AND AD&D RATES

Monthly premiums below are per \$1,000 of benefit and include both life and AD&D coverage:

Age	Employee (Tobacco User)	Employee (Non-Tobacco User)	Spouse
Less than 30	\$0.164	\$0.093	\$0.092
30-34	\$0.165	\$0.103	\$0.118
35-39	\$0.238	\$0.146	\$0.118
40-44	\$0.385	\$0.194	\$0.144
45-49	\$0.646	\$0.321	\$0.170
50-54	\$1.140	\$0.561	\$0.248
55-59	\$1.500	\$0.953	\$0.352
60-64	\$1.950	\$1.360	\$0.612
65-69	\$3.850	\$2.240	\$1.106
70-74	\$5.250	\$3.450	\$1.106
75+	\$11.350	\$9.190	\$1.106

Child Coverage	\$0.285 per \$1,000 in coverage One monthly premium covers all eligible children
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IMPORTANT NOTES:

Now is a great time to review or update your beneficiary.

Life insurance benefits (both basic and voluntary) for participants age 65 and over will reduce to the percentage shown below:

- 65% of the original amount at age 65
- 50% of the original amount at age 70

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LONG-TERM DISABILITY

Former CDC Director Tom Frieden, M.D., M.P.H. has said, “We are all at risk of having a disability at some point in our lifetime.” In fact, a 20-year-old worker has a 1 in 4 chance of becoming disabled before reaching retirement age. Those unable to work due to disability often find it difficult to keep up with living expenses. CMMHC provides you with long-term disability insurance to protect you and your family from this loss of income if you are unable to work due to injury or illness. CMMHC pays 100% of the premiums for this coverage.

The benefits under the long-term disability plan begin after 90 days of disability. The benefit is 60% of your monthly earnings to a maximum of \$3,000 per month. Benefits continue until you are no longer disabled or reach your normal retirement age, whichever comes first. Please review the certificate of coverage for additional information.

EMPLOYEE ASSISTANCE PROGRAM

Employees have access to an Employee Assistance Program (EAP) provided by The Hartford. This program provides access to Master’s- and PhD-degreed clinicians for 24/7 assistance. Services include up to 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

Call **1-800-964-3577** or visit www.guidanceresources.com (Company name: **Abili** Company ID: **HLF902**)

EAP RECIPROCITY

CMMHC also participates in a reciprocity arrangement with all of the facilities listed below to provide complimentary services to CMMHC employees.

- Lakeland Mental Health Center - Fergus Falls - (218) 736-6987
- Northern Pines Mental Health Center - Brainerd/Little Falls - (218) 829-3235
- Northwestern Mental Health Center - Crookston - (218) 281-3940
- Sioux Trails Mental Health Center - New Ulm - (507) 354-3181
- Southwestern Mental Health Center - Luverne - (507) 283-9511
- Western Human Development Center - Marshall - (507) 532-3236
- Woodland Centers - Willmar - (320) 235-4613

FOCUS ON BENEFITS 2020

Central Minnesota Mental Health Center

403(b) RETIREMENT SAVINGS PLAN

Administered by Bremer Trust Services

- CMMHC offers the option of a traditional or Roth 403(b) plan.
- To be eligible for the plan you must be at least 18 years old.
- CMMHC has elected in an auto enrollment option for our employees stating that every employee wishes to put 3% of their income into a traditional 403(b) plan. You are automatically enrolled into an estimated retirement age account. This is based off your year of birth.
- NOTE: In a traditional 403(b) funds are placed into the account pre-tax. This means you will have to pay taxes when you withdrawal the funds. In a Roth 403(b) the funds are placed in the account after your check is taxed. This means when you retire all the money is yours.
- As an added benefit, CMMHC contributes 5.5% of your annual salary into a vested 403(b) account at no cost to you. You are required to work here 1 year and work over 1000 hours to begin contributions into the plan.

Vesting Schedule - 403(b) Plan						
Years of Service	1	2	3	4	5	6
Vested Percentage	0%	20%	40%	60%	80%	100%

For more information on the CMMHC 403(b) Retirement Savings Plan, log on to the employee portal at www.connect2mybenefits.com or visit <https://participant.empower-retirement.com/participant/#/login>.

HOLIDAYS

Regular full-time employees are eligible for paid time off on holidays.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- Floating Holiday

PAID TIME OFF (PTO)

Employees Scheduled 36 - 40 hours per work week		
Years of Eligible Service	PTO Days Each Year	PTO Hours Accrued Per Pay Period
0 – 2 Years	22 Days (176 Hours)	6.77 Hours
3 – 4 Years	25 Days (200 Hours)	7.69 Hours
5 – 7 Years	28 Days (224 Hours)	8.62 Hours
8 – 9 Years	30 Days (240 Hours)	9.23 Hours
10+ Years	31 Days (248 Hours)	9.54 Hours

FOCUS ON BENEFITS 2020

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Employees Scheduled 30 - 35 hours per work week (Residential Programs Only)		
Years of Eligible Service	PTO Days Each Year	PTO Hours Accrued Per Pay Period
0 – 2 Years	18 Days (141 Hours)	5.42 Hours
3 – 4 Years	20 Days (160 Hours)	6.16 Hours
5 – 7 Years	22 Days (179 Hours)	6.9 Hours
8 – 9 Years	24 Days (192 Hours)	7.39 Hours
10+ Years	25 Days (198 Hours)	7.63 Hours

CONTINUING EDUCATION

Staff are expected to meet the Continuing Education licensure requirements applicable to their discipline. In order to maintain professional licensure and ensure that staff keeps abreast of current developments for their job positions, CMMHC encourages each staff member to attend educational meetings and conferences.

For qualifying licensed staff (Mental Health Professionals, LADC's, RN's, and LPN's), expenses incurred for attending professional meetings, workshops, institutes, and other educational programs, must be demonstrably related to their work and must be approved by their supervisor in advance.

CMMHC may provide up to:

Clinical Staff	Training Dollars	Education Leave	Relias
Mental Health Professional	\$400*	40 hours	100% Agency Paid
LADC	\$400*	40 hours	100% Agency Paid
Registered Nurse	\$300*	24 hours	100% Agency Paid
Licensed Practical Nurse	\$100*	12 hours	100% Agency Paid

The above training dollars and education leave are based on the calendar year. For new hires, the dollar and leave amounts will be prorated based on the date of hire, as follows:

- January to March: new employees will receive the full amount
- April to July: new employees will receive $\frac{3}{4}$ of the full amount
- August to September: new employees will receive $\frac{1}{2}$ of the full amount
- October to November: new employees will receive $\frac{1}{4}$ of full amount
- December: new employees will not receive any for the current year

This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Your employer reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by Associated Benefits and Risk Consulting. Associated Benefits and Risk Consulting is a marketing name used by Associated Financial Group, LLC (d/b/a ABRC Insurance Solutions in California).