



**2021
Benefits**

Employee Guide

Introduction

This booklet is a summary of the benefits available to you as an employee of CentraCare. The benefits you are eligible for are determined by your hired status. Although this booklet contains plan information, it is not the official contract or plan document. The extent of coverage or benefits for each participant is governed at all times by the official contract, plan document or policy. CentraCare maintains the right to amend, alter or change a benefit program during this or subsequent years. Questions regarding employee benefits may be referred to the Human Resources Department.

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CentraCare Health Medical Plans

ELIGIBILITY

If you are hired to work at least 16 hours per week, you and your dependents are eligible for medical benefits on the first of the calendar month coinciding with or following your first day of work or change to an eligible status. Premium payments are payroll deducted on a biweekly basis and begin on the first paycheck in the month coverage is effective. The premium you pay is only a portion of the total cost of your medical insurance. A double premium may be deducted if you don't receive a paycheck at the beginning of the month.

You have 30 days from your first day of work or change to an eligible status to enroll in a medical plan. You must enroll online, via the link emailed to you in your first week of employment. If you enroll your dependents (spouse/children up to age 26), Social Security numbers and dependent verification will be required. If you terminate employment or go to an ineligible status, you will be eligible for COBRA extension (see pages 31-32 for more details).

If you do not enroll in a medical plan when first eligible, you and/or your family will be eligible to enroll in a plan if you have a life-changing event. Life-changing events include change from ineligible status to eligible status, loss of coverage through another plan due to termination of employment or ineligibility for the plan, marriage, birth of a child, adoption, divorce, separation, or change from part-time to full-time status. Enrollment due to a life-changing event must be done within 30 days of the event. Open enrollment is also held each fall where you may enroll, make changes, cancel, or add or drop dependents for the following year.

HOW THESE PLANS WORK

You receive the highest level of benefits when you visit a Tier 1 provider. Emergency services (including urgent care centers, emergency rooms and ambulance transportation) are covered 24 hours a day 7 days a week no matter where you are or when it's needed. If you have questions or need additional information, please contact Member Services toll-free at 1-844-565-0629.

SUMMARY INFORMATION

The CentraCare Health Medical Plans are administered by Health Partners (HP), operating under contract to CentraCare. HP processes your claims, manages your provider network and answers your benefit and plan questions. Visit www.healthpartners.com/centracare to view your account. The Human Resources Department answers your provider, enrollment, eligibility and other benefit questions.

The pages that follow present a brief explanation of the services and benefits of the CentraCare Health Medical Plans. They are not intended to provide full details. For detailed information, please refer to the Summary Plan Description (SPD) which is available to you.

If there are any inconsistencies between this document and the SPD, the SPD is the document that will be relied upon for plan administration and is the document that governs the benefits available.

If you have any questions about the plans, please contact Member Services at 1-844-565-0629. Their address is Health Partners, 8170 33rd Avenue South, P.O. Box 1309, Minneapolis, MN 55440-1309.

Medical Plan 1

HIGH DEDUCTIBLE HEALTH PLAN / HEALTH SAVINGS ACCOUNT (HSA)

HOW THE HIGH DEDUCTIBLE HEALTH PLAN / HEALTH SAVINGS ACCOUNT WORKS:

1. The High Deductible Health Plan. As claims are incurred, they are processed through the High Deductible Health Plan. The employee is responsible for the deductible of \$3,750 single / \$7,500 family (Tiers 1 & 2). Once the deductible is met, employees will be responsible for a coinsurance of 20% (Tier 1) or 30% (Tier 2) until the maximum annual out-of-pocket of \$5,000 single / \$10,000 family (Tiers 1 & 2) has been met. See the following pages for Tier 3 Deductible, Coinsurance and Out-of-Pocket Maximum information. The plan pays 100% of covered services for the remainder of the calendar year after meeting the maximum out-of-pocket.

SPECIAL NOTE for employees who are Medicare-eligible: The Health Savings Account High Deductible Health Plan is considered non-creditable coverage for Medicare Part D.

2. The Health Savings Account (HSA). HSA dollars can be used to help offset the deductible and coinsurance amounts. Unused HSA dollars carry over from year-to-year to help cover future out-of-pocket expenses and remain yours even if you change medical plans or leave employment with CentraCare. CentraCare makes an annual contribution into the HSA of \$1,000 single/\$2,000 family (employee + children, employee + spouse, or employee + family), which is prorated and contributed bi-weekly. The employer contribution is prorated for employees who enroll during the year. Employees may also contribute tax-free to the HSA up to the 2021 IRS maximum of \$3,600 single / \$7,200 family (including any employer contribution). Employees aged 55 and over may contribute up to an additional \$1,000 per year.

SPECIAL NOTE regarding IRS requirements for HSA contributions: In order to be eligible to make or receive HSA contributions, an employee must:

- a. not be enrolled in Medicare (any part)
- b. not be enrolled in TriCare
- c. not be enrolled in any other health insurance that's not a qualified high deductible health plan
- d. not be eligible to be claimed as a dependent on anybody else's tax return
- e. not be enrolled in a traditional Medical Flexible Spending Account, nor must the employee's spouse be enrolled in a traditional Medical Flexible Spending Account. Enrollment in a Limited Flexible Spending Account is permitted (limited to eligible dental and vision expenses only), however.

HSA / HIGH DEDUCTIBLE PLAN RATES

FULL-TIME	(Biweekly)	(Annual)
Employee only	\$37.50	\$975.00
Employee + Children	\$106.50	\$2,769.00
Employee + Spouse	\$143.00	\$3,718.00
Employee + Family	\$166.50	\$4,329.00
PART-TIME	(Biweekly)	(Annual)
Employee only	\$50.00	\$1,300.00
Employee + Children	\$128.00	\$3,328.00
Employee + Spouse	\$171.00	\$4,446.00
Employee + Family	\$200.00	\$5,200.00

*Employees receive the above premium rates if they elect to participate in the Wellness Program and meet specified criteria. Refer to page 12 for more detailed information.

Health Savings Account (HSA) / High Deductible Plan

HSA ANNUAL EMPLOYER CONTRIBUTION = \$1,000 SINGLE / \$2,000 FAMILY – PRORATED FOR MID-YEAR ENROLLEES

	TIER 1	TIER 2	TIER 3
PARTICIPATING PROVIDERS:	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	Health Partners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
BENEFIT			
1. PREVENTIVE CARE			
Routine preventive exams (as determined by your Dr.)	100% (no deductible)	100% (no deductible)	60% after deductible
Well-child care (from birth to age six)	100% (no deductible)	100% (no deductible)	60% after deductible
Prenatal exams	100% (no deductible)	100% (no deductible)	60% after deductible
Immunizations	100% (no deductible)	100% (no deductible)	60% after deductible
Routine hearing exams (one per year)	100% (no deductible)	100% (no deductible)	60% after deductible
Routine vision exams (one per year)	100% (no deductible)	100% (no deductible)	60% after deductible
2. PHYSICIAN, PROFESSIONAL, AND RELATED OFFICE VISITS			
Primary care	80% after deductible	70% after deductible	60% after deductible
Specialist	80% after deductible	70% after deductible	60% after deductible
In-office surgery/procedures	80% after deductible	70% after deductible	60% after deductible
Allergy shots	80% after deductible	70% after deductible	60% after deductible
3. OUTPATIENT DIAGNOSTIC TESTS			
MRIs and CT scans	80% after deductible	70% after deductible	60% after deductible
Other diagnostic x-ray, lab and tests	80% after deductible	70% after deductible	60% after deductible
4. URGENT CARE	80% after deductible	80% after deductible	80% after in-network deductible
5. EMERGENCY ROOM CARE	80% after deductible	80% after deductible	80% after in-network deductible
6. HOSPITAL INPATIENT SERVICES (includes semi-private room, medication and drugs, nursing care, operating room, and anesthesia)	80% after deductible	70% after deductible	60% after deductible
7. HOSPITAL OUTPATIENT SERVICES (includes operating room, invasive surgery, chemotherapy, radiation therapy, and pathology)	80% after deductible	70% after deductible	60% after deductible
8. AMBULANCE	80% (no deductible)	80% (no deductible)	80% (no deductible)
9. MEDICAL DEVICES AND EQUIPMENT			
Prosthetics (orthotics)	80% after deductible	80% after deductible	80% after deductible
Durable medical equipment	80% after deductible	80% after deductible	80% after deductible

Health Savings Account (HSA) / High Deductible Plan (CONTINUED)

	TIER 1	TIER 2	TIER 3
PARTICIPATING PROVIDERS:	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	Health Partners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
BENEFIT			
10. PRESCRIPTION DRUGS			
Outpatient	80% after deductible	70% after deductible	Not Covered
Diabetic supplies (includes 100 syringes, or 200 lancets, or 50 test strips)	80% after deductible	70% after deductible	Not Covered
Injectables (including insulin)	80% after deductible	70% after deductible	Not Covered
Brand name tobacco cessation	100% (no deductible)	70% (no deductible)	Not Covered
Generic tobacco cessation	100% (no deductible)	70% (no deductible)	Not Covered
11. OUTPATIENT REHABILITATION SERVICES			
Physical, speech and occupational therapy and other therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic (20 visits per year)	80% after deductible	80% after deductible	60% after deductible
12. CONTINUED CARE			
Home health services	80% after deductible	70% after deductible	60% after deductible
Skilled nursing facility	80% after deductible	70% after deductible	60% after deductible
Home hospice care, part-time care, continuous and respite care..	80% after deductible	70% after deductible	60% after deductible
13. CHEMICAL DEPENDENCY / MENTAL HEALTH			
Inpatient care	80% after deductible	70% after deductible	60% after deductible
Outpatient care (chemical dependency)	80% after deductible of	70% after deductible of	60% after deductible of
	allowed amt for chemical	allowed amt for chemical	allowed amt for chemical
	dependency treatment.	dependency treatment.	dependency treatment.
Outpatient care (mental health)	80% after deductible per	70% after deductible per	60% after deductible per
	mental health office visit.	mental health office visit.	mental health office visit.
14. ANNUAL DEDUCTIBLE	\$3,750/person	\$3,750/person	\$4,000/person
(HSA dollars count towards your deductible)	\$7,500/family	\$7,500/family	\$8,000/family
15. ANNUAL OUT-OF-POCKET MAXIMUM			
Medical Claims (Network specific - includes deductible)	\$5,000/person	\$5,000/person	\$6,000/person
	\$10,000/family	\$10,000/family	\$12,000/family
Medical Claims (Combined - includes deductible)	Applies to Tier 1 & Tier 2	Applies to Tier 1 & Tier 2	Applies to Tier 3 only
16. LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited	Unlimited
17. USUAL AND CUSTOMARY FEE SCHEDULE	NO	NO	YES

HSA Qualified Medical Expenses

Once you've contributed money to your health savings account (HSA), you can use it to pay for qualified medical expenses for yourself, your spouse, and your eligible dependents. The amount you spend will be federal income tax-free.

EXAMPLES OF QUALIFIED MEDICAL EXPENSES

The following list includes common examples of HSA qualified medical expenses. For a complete list, visit [irs.gov](https://www.irs.gov) and search for Publication 502, Medical and Dental Expenses.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractic services
- Cosmetic surgery (only if due to trauma or disease)
- Dental treatment (X-rays, fillings, braces, extractions, etc.)
- Diagnostic devices (such as blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Eyeglasses, contact lenses and eye exams
- Eye surgery (such as laser eye surgery or radial keratotomy)
- Fertility enhancements
- Hearing aids (and batteries for use)
- Hospital services
- Laboratory fees
- Long-term care (for medical expenses and premiums)
- Nursing home
- Nursing services
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Physical therapy
- Prescription medicines or drugs
- Psychiatric care
- Psychologist counseling
- Speech therapy
- Stop-smoking programs
- Vasectomy
- Weight loss programs (must be to treat a specific disease diagnosed by a physician)
- Wheelchairs
- X-rays

EXPENSES THAT DON'T QUALIFY

- Advance payment for future medical care
- Amounts reimbursed from any other source (such as other health coverage or a flexible spending account)
- Babysitting, child care and nursing services for a normal, healthy baby
- Cosmetic surgery (unless due to trauma or disease)
- Diaper services
- Electrolysis or hair removal
- Funeral expenses
- Gasoline expenses to doctor visits
- Health club dues
- Household help
- Massage (unless a prescription is presented)
- Maternity clothes
- Meals
- Nutrition supplements
- Over-the-counter drugs and medicines (unless a prescription is presented)
- Personal use items (such as toothbrush, toothpaste)
- Swimming lessons
- Teeth whitening
- Weight-loss programs (unless prescribed to treat a specific disease)

The examples listed here are not all-inclusive and the IRS may modify its list from time to time. Consult your tax advisor for specific tax advice.

Medical Plan 2

HEALTH REIMBURSEMENT ACCOUNT (HRA) / HIGH DEDUCTIBLE PLAN

HOW THE HRA / HIGH DEDUCTIBLE PLAN WORKS:

The HRA is completely funded by the employer. The annual contribution to the HRA, which is funded at the beginning of each calendar year, is \$750 single/\$1,500 family (employee + children, employee + spouse, or employee + family). The HRA is prorated for those employees who enroll during the year.

As claims are incurred, they are processed through the High Deductible Plan, then the HRA dollars are automatically applied (previous year HRA rollovers will also be used), and then the Flexible Spending Account (FSA) balance will be automatically applied (if enrolled). HRA reimbursement is paid to provider and FSA reimbursement is put in your bank account. When the HRA dollars are used up, employees may have out-of-pocket expenses. The deductible is \$2,000 single/\$4,000 family (Tiers 1 & 2). Once the deductible is met, employees will be responsible for a coinsurance of 20% (Tier 1) or 30% (Tier 2) until the maximum out-of-pocket of \$3,000 single/\$6,000 family has been met (Tiers 1 & 2). See the following pages for Tier 3 Deductible, Coinsurance and Out-of-Pocket Maximum information. You can carry over up to \$3,000 single/\$6,000 family of unused HRA dollars from year to year. HRA dollars are employer owned and are not reimbursable when you leave employment.

SPECIAL NOTE for employees who are Medicare-eligible: The Health Reimbursement Account / High Deductible Health Plan is considered creditable coverage for Medicare Part D.

HRA / HIGH DEDUCTIBLE PLAN RATES

FULL-TIME	(Biweekly)	(Annual)
Employee only	\$52.00	\$1,352.00
Employee + Children	\$149.00	\$3,874.00
Employee + Spouse	\$195.50	\$5,083.00
Employee + Family	\$226.00	\$5,876.00
PART-TIME	(Biweekly)	(Annual)
Employee only	\$69.50	\$1,807.00
Employee + Children	\$179.00	\$4,654.00
Employee + Spouse	\$235.00	\$6,110.00
Employee + Family	\$271.00	\$7,046.00

*Employees receive the above premium rates if they elect to participate in the Wellness Program and meet specified criteria. Refer to page 12 for more detailed information.

Health Reimbursement Account (HRA) / High Deductible Plan

HRA ANNUAL EMPLOYER CONTRIBUTION = \$750 SINGLE / \$1,500 FAMILY – PRORATED FOR MID-YEAR ENROLLEES

	TIER 1	TIER 2	TIER 3
PARTICIPATING PROVIDERS:	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	Health Partners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
BENEFIT			
1. PREVENTIVE CARE			
Routine preventive exams (as determined by your Dr.)	100% (no deductible)	100% (no deductible)	60% after deductible
Well-child care (from birth to age six)	100% (no deductible)	100% (no deductible)	60% after deductible
Prenatal exams	100% (no deductible)	100% (no deductible)	60% after deductible
Immunizations	100% (no deductible)	100% (no deductible)	60% after deductible
Routine hearing exams (one per year)	100% (no deductible)	100% (no deductible)	60% after deductible
Routine vision exams (one per year)	100% (no deductible)	100% (no deductible)	60% after deductible
2. PHYSICIAN, PROFESSIONAL, AND RELATED OFFICE VISITS			
Primary care	80% after deductible	70% after deductible	60% after deductible
Specialist	80% after deductible	70% after deductible	60% after deductible
In-office surgery/procedures	80% after deductible	70% after deductible	60% after deductible
Allergy shots	80% after deductible	70% after deductible	60% after deductible
3. OUTPATIENT DIAGNOSTIC TESTS			
MRIs and CT scans	80% after deductible	70% after deductible	60% after deductible
Other diagnostic x-ray, lab and tests	80% after deductible	70% after deductible	60% after deductible
4. URGENT CARE	80% after deductible	80% after deductible	80% after in-network deductible
5. EMERGENCY ROOM CARE	80% after deductible	80% after deductible	80% after in-network deductible
6. HOSPITAL INPATIENT SERVICES (includes semi-private room, medication and drugs, nursing care, operating room, and anesthesia)	80% after deductible	70% after deductible	60% after deductible
7. HOSPITAL OUTPATIENT SERVICES (includes operating room, invasive surgery, chemotherapy, radiation therapy, and pathology)	80% after deductible	70% after deductible	60% after deductible
8. AMBULANCE	80% (no deductible)	80% (no deductible)	80% (no deductible)
9. MEDICAL DEVICES AND EQUIPMENT			
Prosthetics (orthotics)	80% (no deductible)	80% (no deductible)	80% (no deductible)
Durable medical equipment	80% (no deductible)	80% (no deductible)	80% (no deductible)

Health Reimbursement Account (HRA) / High Deductible Plan (CONTINUED)

	TIER 1	TIER 2	TIER 3
PARTICIPATING PROVIDERS:	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	Health Partners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
BENEFIT			
10. PRESCRIPTION DRUGS			
Outpatient	\$8 generic drug \$30 brand name drug 34 day supply - 1 copay 68 day supply - 2 copays 102 day supply (generic) 2 copays 102 day supply (brand name) 3 copays MedImpact Formulary	\$24 generic drug \$50 brand name drug 34-day supply - 1 copay 68 day supply - 2 copays 102 day supply - 3 copays MedImpact Formulary	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Diabetic supplies (includes 100 syringes, or 200 lancets, or 50 test strips)	\$10 per item	\$13 per item	Not Covered
Injectables (including insulin)	80% (no deductible)	70% (no deductible)	Not Covered
Brand name tobacco cessation	100% (no deductible)	70% (no deductible)	Not Covered
Generic tobacco cessation	100% (no deductible)	70% (no deductible)	Not Covered
11. OUTPATIENT REHABILITATION SERVICES			
Physical, speech and occupational therapy and other therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic (20 visits per year)	80% after deductible	80% after deductible	60% after deductible
12. CONTINUED CARE			
Home health services	80% after deductible	70% after deductible	60% after deductible
Skilled nursing facility	80% after deductible	70% after deductible	60% after deductible
Home hospice care, part-time care, continuous and respite care	80% after deductible	70% after deductible	60% after deductible
13. CHEMICAL DEPENDENCY / MENTAL HEALTH			
Inpatient care	80% after deductible	70% after deductible	60% after deductible
Outpatient care (chemical dependency)	80% after deductible of allowed amt for chemical dependency treatment.	70% after deductible of allowed amt for chemical dependency treatment.	60% after deductible of allowed amt for chemical dependency treatment.
Outpatient care (mental health)	80% after deductible per mental health office visit.	70% after deductible per mental health office visit.	60% after deductible per mental health office visit.
14. ANNUAL DEDUCTIBLE (HRA dollars count towards your deductible)	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	\$2,250/person \$4,500/family
15. ANNUAL OUT-OF-POCKET MAXIMUM			
Medical Claims (Network specific - includes deductible)	\$3,000/person; \$6,000/family	\$3,000/person; \$6,000/family	\$4,000/person; \$8,000/family
Medical Claims (Combined - includes deductible)	Applies to Tier 1 & Tier 2	Applies to Tier 1 & Tier 2	Applies to Tier 3 only
Prescriptions	\$1,500/person; \$3,000/family	\$1,500/person; \$3,000/family	None
16. LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited	Unlimited
17. USUAL AND CUSTOMARY FEE SCHEDULE	NO	NO	YES

COMPARISON GUIDE	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)									
<p>What is it?</p>	<p>HSAs are individual expense accounts owned by employees that allow for tax-free payment or reimbursement of eligible medical expenses.</p> <p>To make contributions to an HSA, an employee:</p> <ul style="list-style-type: none"> • Must be enrolled in an HSA-qualified health plan • Must not be covered by another health plan including VA and TriCare • Is not listed as a dependent on someone else's taxes • Is not enrolled in Medicare • Neither employee nor spouse may have a traditional Medical Flexible Spending Acct. <p>Companies can make tax-free contributions to eligible employees' HSAs.</p>	<p>HRAs are employer-funded, tax advantaged plans used to reimburse employees for eligible medical expenses.</p> <p>With an Integrated HRA, the HRA is paired with any eligible health plan to reimburse employees for their eligible expenses.</p> <p>Spouses and dependents are also eligible to have medical expenses reimbursed if covered under the same health plan.</p>	<p>Medical FSAs are employer established health care spending accounts that allow for tax-free contribution and reimbursement of eligible medical expenses.</p>									
<p>Who is eligible?</p>	<p>Must have HSA-qualified health plan of at least \$1,400+ single/ \$2,800+ family deductible in 2021.</p>	<p>All employees covered by their employer's health plan.</p>	<p>All employees; not self employed.</p>									
<p>Who can contribute?</p>	<p>Employer, employee, or third party.</p>	<p>Employer only.</p>	<p>Employee.</p>									
<p>What's the maximum contribution allowed by the IRS?</p>	<p>Combined employee and employer.</p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$3,550</td> <td>\$3,600</td> </tr> <tr> <td>Family</td> <td>\$7,100</td> <td>\$7,200</td> </tr> </tbody> </table>		2020	2021	Single	\$3,550	\$3,600	Family	\$7,100	\$7,200	<p>Not Applicable.</p>	<p>Determined by employer; capped at \$2,750 per employee (2021).</p>
	2020	2021										
Single	\$3,550	\$3,600										
Family	\$7,100	\$7,200										
<p>What is CentraCare's contribution per year?</p>	<p>Single \$1,000 Family \$2,000 (funded biweekly- \$amt/26 pay periods)</p>	<p>Single \$750 Family \$1,500 (funded 01/01/2021)</p>	<p>No Employer contribution.</p>									
<p>Is it tax-advantaged?</p>	<p>YES</p> <ul style="list-style-type: none"> • Tax-free contributions. • Tax-free interest. • Tax-free withdrawals for eligible expenses. 	<p>YES</p> <ul style="list-style-type: none"> • Tax-free withdrawals for eligible expenses. 	<p>YES</p> <ul style="list-style-type: none"> • Pretax contributions. • Tax-free withdrawals for eligible expenses. 									
<p>What expenses are covered?</p>	<p>ELIGIBLE:</p> <ul style="list-style-type: none"> • Out-of-pocket expenses until deductible is reached. • Copayments, coinsurance and prescription drugs. • Medicare and COBRA premiums. • Long-term care premiums. • Dental and vision care expenses not covered by the health/ dental plan. <p>INELIGIBLE:</p> <ul style="list-style-type: none"> • Health insurance monthly premiums. • Expenses that aren't related to medical treatment or care as defined by the IRS. <p>Remember: HSA funds can only be used on the account holder and their tax dependents.</p>	<p>ELIGIBLE:</p> <p>The HRA typically covers the same expenses that the health plan covers. Covered expenses include:</p> <ul style="list-style-type: none"> • Doctor visits. • Inpatient or outpatient hospital care. • Diagnostic exams. <p>INELIGIBLE:</p> <p>Expenses that aren't eligible through the medical insurance plan.</p> <p>Remember: HRA funds can only be used on the account holder and dependents covered under the plan.</p>	<p>ELIGIBLE:</p> <ul style="list-style-type: none"> • Out-of-pocket expenses until deductible is reached. • Copayments, coinsurance and prescription drugs. • Dental and vision care expenses not covered by the health/ dental plan. • With HSA (limited FSA) only expenses eligible are vision and dental. <p>INELIGIBLE:</p> <ul style="list-style-type: none"> • Health insurance monthly premiums. • Expenses that aren't related to medical treatment or care as defined by the IRS. <p>Remember: FSA funds can only be used on the account holder and their tax dependents.</p>									

COMPARISON GUIDE	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)
What about keeping receipts?	It's important to save all your receipts and explanation of benefits (EOB) statements to validate expenses, as required by the IRS.		
What happens to unused funds at the end of the year?	An HSA account belongs to the employee. Any funds remaining at the end of the year roll over to the next year.	CentraCare allows for HRA funds to roll over to the next plan year of participation with a max accumulation of \$4,000 Single/ \$8,000 Family.	CentraCare allows up to \$550 maximum account accrual of unused medical expenses to roll over to the next plan year.
What other accounts can you pair with?	May be paired with a limited FSA which can be used for dental/vision expenses only.	May be paired with an FSA.	May be paired with an HRA. If paired with an HSA, must be limited to amounts of dental/vision only.
What if an employee changes jobs or retires?	HSA accounts are portable, meaning employees keep all funds, even if they change jobs or retire.	Funds in the account are returned to the employer.	Funds in the account can be reimbursed up to the amount deducted to date minus paid claims within the plan year.

2021 Biweekly Employee Premiums/Plan Comparison

(Rates reflect completion of Health Assessment and Tobacco Affidavit)

	HRA / High Deductible	HSA / High Deductible
Preventative Services	100% no deductible	100% no deductible
Annual Deductible	\$2,000 / \$4,000	\$3,750 / \$7,500
Annual Employer Contribution	\$750 / \$1,500 (paid on 01/01/2021)	\$1,000 / \$2,000 (paid out over 26 pay periods)
Maximum Annual Out-of-pocket	\$3,000 / \$6,000	\$5,000 / \$10,000
Annual Employee Pre-tax Contribution <i>(optional)</i>	NA	\$2,600 / \$5,200 Additional \$1,000 for over 55
Prescriptions (Tier 1)	\$8 Generic – \$30 Brand Name	Total cost minus plan discounts goes towards deductible
Prescription Maximum Annual Out-of-pocket	\$1,500 / \$3,000 (separate from medical maximum out-of-pocket)	Included in medical maximum out-of-pocket above
Flexible Spending Account – Medical Expenses (IRS limit of \$2,750 for 2021)	Any out-of-pocket medical expenses eligible for reimbursement such as prescription copays, deductibles, dental, or vision.	Only dental and vision out-of-pocket expenses eligible for reimbursement. All other out-of-pocket medical expenses need to go through the HSA.
Full-Time Biweekly Premiums	2021 Rates	2021 Rates
Employee Only	52.00	37.50
Employee + Children	149.00	106.50
Employee + Spouse	195.50	143.00
Employee + Family	226.00	166.50
Part-Time Biweekly Premiums	2021 Rates	2021 Rates
Employee Only	69.50	50.00
Employee + Children	179.00	128.00
Employee + Spouse	235.00	171.00
Employee + Family	271.00	200.00

Wellness Program

Our employees are our greatest asset. We value a positive work climate that enhances communication and productivity. Employee and family health is a top priority of CentraCare. To achieve this goal, CentraCare offers a Wellness Program consisting of several programs in which you may participate. To get started, employees may visit CentraCareWellness.com to personalize their own wellness web site and to find health information and tools. CentraCare offers all employees who participate in various wellness programs the opportunity to earn an annual incentive.

In addition to earning an annual incentive for participating in various wellness activities, employees who enroll in the CentraCare Health Medical Plans can earn premium incentives annually by completing a Health Assessment and a Tobacco Affidavit. New employees and newly eligible employees who enroll in the medical plan mid-year will receive the lowest premium for the remainder of the year.

PREMIUM INCENTIVE LEVELS

\$0 additional premium per paycheck	Employee is a Non-Tobacco User (completes the Tobacco Affidavit) and completes the Health Assessment.
\$20 additional premium per paycheck	Employee completes the Health Assessment but is a Tobacco User (does not complete the Tobacco Affidavit).
\$30 additional premium per paycheck	Employee is a Non-Tobacco User (completes the Tobacco Affidavit) but does not complete the Health Assessment.
\$50 additional premium per paycheck	Employee does not complete any of the requirements.

Dental Plan

ELIGIBILITY

If you are hired to work at least 16 hours per week, you and your dependents are eligible for dental benefits on the first of the calendar month coinciding with or following your first day of work or change to an eligible status. CentraCare pays approximately 60% of the total cost of your premium. Premium payments are payroll deducted on a biweekly basis and begin on the first paycheck in the month coverage is effective.

You have 30 days from your first day of work or change to an eligible status to enroll in the dental plan. You must enroll online. If you terminate employment or go to an ineligible status, you will be eligible for COBRA extension (see pages 31-32 for more details).

There is open enrollment for dental insurance every year.

The pages that follow summarize the coverage under the plan and explain the Delta USA network and how to use it.

SUMMARY OF DENTAL BENEFITS

Diagnostic & Preventive	100%
Basic Services	80%
Major Restorative.	50%
Prosthetic Repairs & Adjustments	80%
Prosthetics	50%

Deductible: Not applicable to Diagnostic & Preventive Services.
Annual \$50 per person per calendar year.

Coinsurance: Certain services will require you to pay a percentage of the allowable charge. For example, under major restorative services, you are responsible for 50% of Delta's allowable charge. The dentist can collect the coinsurance at the time of the visit or bill you.

Maximum: \$1,500 benefit per person per calendar year.
\$500 TMJ (non-surgical) benefit per person per calendar year.
(This amount is inclusive of the \$1,500 overall maximum).

Eligible Dependents: Spouse and children up to age 26.

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Dental Plan (CONTINUED)

DIAGNOSTIC & PREVENTIVE

- Examinations and cleanings, 2 per calendar year
- Full-mouth x-rays at 5 year intervals
- Bitewing x-rays at 12 month intervals to age 18 years
- Bitewing x-rays at 24 month intervals for age 18 years and over
- Fluoride treatment at 12 month intervals for covered persons under age 19 years
- Space maintainers for missing primary teeth
- Sealants for permanent molars of eligible dependents up to age 16 years, limited to once per lifetime

BASIC SERVICES

- Palliative emergency treatment
- Amalgam restorations (silver fillings)
- Anterior resin restorations (white fillings)
- Endodontics
- Nonsurgical periodontics at 3 year intervals
- Surgical periodontics at 3 year intervals
- Surgical/nonsurgical extractions

MAJOR RESTORATIVE

- Crowns at 5 year intervals per tooth
- TMJ (non-surgical)
- Posterior amalgam restorations (white fillings)

PROSTHETIC REPAIRS & ADJUSTMENTS

- Denture adjustments
- Denture repairs
- Tissue conditioning, rebasing and relining
- Re-cement bridge
- Bridge repair

PROSTHETICS

- Dentures (full and partial) at 5 year intervals
- Bridges at 5 year intervals
- Implants

This is only a summary of benefits. For a complete list of covered services and limitations/exclusions, refer to the master contract.

(CONTINUED ON NEXT PAGE)

Dental Plan (CONTINUED)

DENTAL RATES

Biweekly Premiums:

Employee Only	\$6.65
Employee + Children	\$13.00
Employee + Spouse	\$14.10
Employee + Family	\$19.50

PARTICIPATING DENTIST NETWORK

A Delta Dental Premier dentist is a dentist who has signed a participating and membership agreement with his/her local Delta Dental Plan. The dentist has agreed to accept Delta Dental's Maximum Amount Payable as payment in full for covered dental care. Delta Dental's Maximum Amount Payable is a schedule of fixed dollar maximums established solely by Delta Dental for dental services provided by a licensed dentist who is a participating dentist. You will be responsible for any applicable deductible and coinsurance amounts listed in the Summary of Dental Benefits section. A Delta Dental Premier dentist has agreed not to bill more than Delta Dental's allowable charge. A Delta Dental Premier dentist has also agreed to file the claim directly with Delta Dental.

A Delta Dental PPO network dentist is a dentist who has signed Delta Dental PPO agreement with Delta Dental of Minnesota. The dentist has agreed to accept the Delta Dental PPO Maximum Amount Payable as payment in full for covered dental care. You will be responsible for any applicable deductible and coinsurance amounts listed in the Summary of Dental Benefits section. A Delta Dental PPO dentist has agreed not to bill more than the Delta Dental PPO Maximum Amount Payable. A Delta Dental PPO dentist has also agreed to file the claim directly with Delta Dental.

Names of Participating Dentists can be obtained, upon request, by calling Delta, or from the Plan's internet web site at www.deltadentalmn.org.

COVERED FEES

Under this Program, **YOU ARE FREE TO GO TO THE DENTIST OF YOUR CHOICE.** You may have additional out-of-pocket costs if your dentist is not a Delta Dental PPO or Delta Dental Premier dentist with the plan. This payment difference could result in some financial liability to you. The amount is dependent on the nonparticipating dentist's charges in relation to the Table of Allowances determined by Delta Dental.

**DELTA USA
NATIONAL DEDICATED SERVICE CENTER
P.O. BOX #59238
MINNEAPOLIS, MINNESOTA 55459-0238
1-800-448-3815**

Premium Option Plan (*Pre-tax Premiums*)

As a participant in the medical/dental plans, your biweekly contributions will be deducted before your wages are taxed. Enrollment is automatic unless you sign a waiver to the contrary. Since this reduces your taxable income, generally you pay less state and federal income tax and FICA taxes.

Flexible Spending Account Plans

If you are a regular part-time or full-time employee, you are eligible to participate in the Medical and Dependent Care Flexible Spending Accounts (FSA). The Flexible Spending Accounts (FSA) are administered by HealthPartners.

Flexible Spending Accounts allow you to use pre-tax dollars to reimburse yourself for a wide variety of medical and/or dependent care expenses that aren't covered through your other benefit plans. Enrollment is online. You may enroll within 30 days of your first day of work or within 30 days of a change in family status. You can only change the amount during the year if you have a change in family status or job status. The annual amount you elect to contribute to any accounts will be divided into equal amounts and deducted from your paycheck before federal, state, and social security taxes are withheld. Re-enrollment is required each year during open enrollment.

MEDICAL FSA

Eligible expenses for the Medical FSA include health care expenses for yourself and your dependents – such as deductibles, coinsurance, copays and more. May not be used if you or your spouse are on an HSA/High deductible health plan. The maximum annual contribution is \$2,750 for 2021.

LIMITED MEDICAL FSA

The Limited Medical FSA can only be used for dental and vision expenses. This is the only option if you participate in a Health Savings Account (HSA). You can elect up to a maximum of \$2,750 for 2021.

Reminder: You can rollover up to \$550 of unused funds from the Medical FSA at the end of the plan year. These expenses must be incurred during the plan year to which it is carried over. Any amounts over \$550 are forfeited.

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Flexible Spending Account Plans (CONTINUED)

DEPENDENT CARE FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA, as long as you incur them when you and your spouse work or attend school full-time. The maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return). Any unused funds will be forfeited at the end of the year.

HOW TO SUBMIT MEDICAL/DEPENDENT CARE EXPENSES

There are many ways to pay for and submit your expenses. Health Partners makes this process easy. You can do it through the mobile app, online, by mail, email or fax.

If enrolled in the HRA plan, you will receive a debit card for qualified prescription drugs only. HRA eligible medical expenses will be automatically processed through the medical plan, HRA, and then FSA. Reimbursement from the FSA will be deposited into your bank account.

For non-HRA medical, dental, and vision expenses, and Limited FSA accounts, you can scan/take a picture of your receipt and upload through Health Partners' website or mobile app "myHP" – or complete a reimbursement form and submit it via email, fax or mail. Your reimbursement will be sent directly to your bank account. Dependent care expenses can be submitted the same way.

Reimbursements for expenses which were incurred during the year may be submitted up to March 31st of the next year.

For more information, go to www.healthpartners.com/myfsa or review the FSA User Guides found on MyPortal.

Basic Life and AD&D Insurance

REGULAR FULL-TIME EMPLOYEES, PART-TIME EMPLOYEES & PART-TIME RESERVE EMPLOYEES

You are eligible for these benefits on the first of the calendar month coinciding with or following your first day of work. Enrollment is automatic. CentraCare pays the entire cost of the premium. In the event of your death, your designated beneficiary is eligible for an insurance benefit equal to the amount of your base salary rounded up to the nearest \$1,000 to a maximum of \$200,000 and a minimum of \$10,000. AD&D (accidental death and dismemberment insurance) pays the same dollar benefit as basic life in cases of accidental death, or a specific amount depending on the type of dismemberment. Notification of death, along with a copy of the death certificate, must be sent to The Standard. If you terminate employment or go to an ineligible status, you will be eligible for COBRA extension (see pages 31-32 for more details).

Employer provided life insurance over \$50,000 is a taxable benefit according to IRS. The taxation formula used to determine your taxable amount is provided by the IRS and is based on your age and the amount of your life insurance coverage each month over \$50,000. The monthly taxable amount will be applied to your paycheck on the second payroll of each coverage month.

At age 65, benefits will reduce by 35% of the original amount, rounded to the next higher \$1,000. At age 70, benefits will reduce an additional 15% of the original amount, rounded to the next higher \$1,000.

Supplemental Life Insurance** Employee & Dependent

REGULAR FULL-TIME EMPLOYEES, PART-TIME EMPLOYEES & PART-TIME RESERVE EMPLOYEES

CentraCare offers a voluntary supplemental life insurance plan which allows employees to purchase additional life insurance for themselves of one to four times their basic life amount to a maximum of \$500,000 at low cost group rates. In addition, if you elect supplemental life on yourself, you can purchase life insurance for your spouse and/or your dependents. Spouse coverage is limited to 50% of your supplemental amount of coverage. You are eligible for this plan on the first of the calendar month coinciding with or following your first day of work.

***Enrollment at a later date will require evidence of good health.*

RATE SCHEDULE

Monthly Cost per \$1,000 of Life Insurance Coverage

Age Group	Employee	Spouse	Age Group	Employee	Spouse
<30	\$.039	\$.043	50 - 54	\$.219	\$.219
30 - 34	\$.052	\$.057	55 - 59	\$.409	\$.409
35 - 39	\$.067	\$.072	60 - 64	\$.627	\$.627
40 - 44	\$.095	\$.095	65 - 69	\$1.043	\$ 1.133
45 - 49	\$.143	\$.143	70 or more	\$1.736	\$ 1.887

Child (birth to 26) - \$10,000 of Life Insurance Coverage = \$2.26 flat rate

You have 30 days from your first day of work or change to an eligible status to enroll. You must enroll online. If you terminate employment or go to an ineligible status, you will be eligible for COBRA extension (see pages 31-32 for more details). In the event of death, notification of death, along with a copy of the death certificate, must be sent to The Standard.

If your dependent dies while insured under the policy, CentraCare will pay the amount of dependent's life insurance in effect on the date of the death to you, the employee. If you are not living when your dependent dies, the death benefit will be paid in accord with the policy.

Long-Term Disability (LTD)

REGULAR FULL-TIME EMPLOYEES ONLY

You are eligible for Long-Term Disability benefits on the first of the calendar month coinciding with or following your first day of work. Enrollment is automatic. CentraCare pays the entire cost of the premium. If you become disabled, notify the Human Resources Department for completion of appropriate paperwork. If approved, Long-Term Disability provides 60% of your regular wages (up to \$6,000 per month) after 90 days of disability.

Individual Supplemental Long-Term Disability

If you are full-time, you may be eligible to purchase additional long-term disability insurance on an individual basis through UnumProvident and receive a group discount and unisex rate. Contact Kowalik & Associates at 320-257-8888 to inquire about the program and to complete an application and health questionnaire to determine eligibility.

Paid Time Off (PTO)

FEATURES

Paid Time Off (PTO) is provided to all regular full-time, part-time, and part-time reserve employees. PTO is intended for your time off needs, including holidays.

The amount of PTO that you are eligible for is based on:

- Your length of service
- Your job classification
- Actual hours worked

ACCRUAL

You accrue PTO every pay period based on hours worked – up to 80 hours in a pay period. You are eligible to use your accrued PTO immediately. The following charts, based on working 80 hours each pay period, show the amounts of PTO you can accrue.

FULL-TIME LEVEL 1

Years of Service:	Annual PTO in days (8-hr shifts)	Annual PTO in hours	PTO hours accrued per 2-wk pay period	Maximum PTO hour accrual
0 - 1	18	144	5.53	320
2 - 5	23	184	7.08	320
6 - 9	28	224	8.62	320
10 - 14	33	264	10.15	320
15 - 19	34	272	10.46	320
20+	35	280	10.77	320

FULL-TIME LEVEL 2

Years of Service:	Annual PTO in days (8-hr shifts)	Annual PTO in hours	PTO hours accrued per 2-wk pay period	Maximum PTO hour accrual
0 - 1	23	184	7.08	320
2 - 5	28	224	8.62	320
6 - 9	33	264	10.15	320
10 - 14	34	272	10.46	320
15 - 19	35	280	10.77	320
20+	36	288	11.08	320

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Paid Time Off (PTO) (CONTINUED)

PART-TIME LEVEL 1

Years of Service:	Annual PTO in days (8-hr shifts)	Annual PTO in hours	PTO hours accrued per 2-wk pay period	Maximum PTO hour accrual
0 - 1	10	80	3.07	320
2 - 5	15	120	4.62	320
6 - 9	20	160	6.15	320
10 - 14	25	200	7.69	320
15 - 19	26	208	8.00	320
20+	27	216	8.31	320

PART-TIME LEVEL 2

Years of Service:	Annual PTO in days (8-hr shifts)	Annual PTO in hours	PTO hours accrued per 2-wk pay period	Maximum PTO hour accrual
0 - 1	15	120	4.62	320
2 - 5	20	160	6.15	320
6 - 9	25	200	7.69	320
10 - 14	26	208	8.00	320
15 - 19	27	216	8.31	320
20+	28	224	8.62	320

To calculate the days or hours that you are likely to accrue, take your FTE (full-time equivalent) status (.9, .5, etc.) times the number of days or hours in your length of service category. **For example:** part-time employee hired at 56 hrs/pp (.7 FTE) with 8 years of service in a professional position.

$$25 \text{ days} \times .7 = 17.5 \text{ days annually}$$

$$200 \text{ hours} \times .7 = 140 \text{ hours annually}$$

$$7.69 \times .7 = 5.38 \text{ hours per pay period}$$

PTO CASH OUT

Annually you will be eligible to take a cash payout of your PTO based on the following requirements:

- Employees with 1-4 years of service may cash out up to 40 hours of PTO at 100% of pay if they have taken 40 hours of PTO during the year.
- Employees with 5 or more years of service may cash out up to 80 hours of PTO at 100% of pay if they have taken 80 hours of PTO during the year.

The payout will occur after the end of each calendar year.

Short-Term Disability (STD)

Short-Term Disability (STD) is provided for continued income in the event you are ill and out of work continuously for at least one-half of the number of hours for which you are hired per pay period. You would use PTO during the elimination period.

STD is provided at the rate of 12 weeks of your hired hours per calendar year for regular full-time, part-time, and part-time reserve employees. You are eligible for STD after 12 months of service. STD is paid at 60% of your base hourly rate. You must be eligible for STD on the day you go out due to an illness in order to collect STD for that occurrence. For maternity leaves, eligible employees receive five (5) weeks of STD pay for a vaginal delivery and seven (7) weeks of STD pay for a c-section delivery.

If you have hours in your frozen sick bank, your sick leave hours will be used first before short-term disability following completion of elimination period. Once your frozen sick banks are exhausted, short-term disability will begin. If you are out for an extended illness of a family member, you are not eligible for short-term disability but may be eligible to use hours in your frozen sick banks.

Your STD hours can be supplemented by any accrued hours in your PTO bank to reach 100% of your pre-disability hourly rate. For example, if you worked 40 hours in a work week, your STD benefit would pay you 60% of your base pay which can be supplemented with 16 PTO hours to reach 100% of pay.

If you become disabled in a calendar year and your disability continues into the next calendar year, it will be considered one period of disability. You will only be eligible for 12 weeks of STD. You will not receive more than 12 weeks of STD for one calendar year or spell of illness. If you return to active work after a disability and again become disabled (the disability needs to be for the same medical condition) less than 28 days after your return, both disabilities will be considered a single period of disability. This means you will not have a new elimination period before STD benefits can begin. However, you will be eligible for STD benefit payments only for any remaining balance of the maximum 12 weeks per calendar year. If you are on an unpaid leave at the end of the calendar year, you are not eligible for another 12 weeks of STD at the beginning of the new year.

Use of Short-Term Disability and frozen sick banks need to be authorized by the Benefits Department and will be clocked in by the Benefits Department. Failure to obtain approval from the Benefits Department may result in payments being delayed or denied. Short-term disability cannot be paid without a physician's certification.

If the absence is in conjunction with an event covered under the Family Medical Leave Act, a minimum of a 30 day notice must be given for foreseeable events.

Employees are required to provide an attending physician's statement of illness and/or check with the Employee Health Services Department prior to returning to work.

Family Medical Leave

Under the Family Medical Leave Act (FMLA) employees may be entitled to up to 12 weeks of job protected leave per rolling calendar year. To be eligible, employees must have completed one year of service and have worked at least 1,250 hours in the previous 12 month period. The Family Medical Leave Act became effective on August 5, 1993 and was enacted by the US Department of Labor.

See Family Medical Leave policy for complete explanation.

LEAVE FREQUENCY/MAXIMUM LENGTH

Employees are eligible for 12 weeks of leave in a rolling 12 month period. In some cases employees can take intermittent leave or be put on a reduced leave schedule for no more than 12 work weeks or equivalent hours during any 12 month period.

If both spouses work at CentraCare, a 12 week aggregate total is allowed in the event of a birth, adoption, or the placement of a child in the employee's foster care. This limitation does not apply to leave taken by either to care for the other in the event of a serious illness, to care for a parent's or child's serious illness, or for his/her own serious illness.

ALLOWABLE EVENTS

A Family Medical Leave must be granted to an employee for one or more of the following events:

- Birth of child or to care for such child
- Placement of a child with the employee for adoption or foster care
- To care for an immediate family member (spouse, child/stepchild-under age 18, mother/father) who has a serious health condition
- The employee's own serious health condition
- To handle any qualifying exigency caused by a family member's active military duty
- To care for a family member with a serious injury or illness obtained or aggravated in the line of active military duty

Family Medical Leave for a newborn child or for adoption or foster care placement of a child must be completed within 12 months of the birth, adoption, or placement, and CentraCare can require that the leave be taken all at one time. Family Medical Leave for a serious health condition may be taken intermittently or on a reduced time basis (e.g., by working fewer hours in a day), but only if such a schedule is needed for medical reasons.

DETERMINATION OF "SERIOUS HEALTH CONDITION"

"Serious health condition" is defined as an illness, injury, impairment or physical/mental condition that requires:

- Inpatient care in a hospital, hospice or residential medical facility
- Continuing treatment by a health-care provider
- Any period of incapacity requiring an absence of more than 3 calendar days and involves continuous treatment by a health-care provider
- Prenatal care by a health-care provider

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Family Medical Leave (CONTINUED)

SCHEDULE OF BENEFITS TO USE FOR EACH EVENT

Event	Benefit Time Used
Employee's Serious Illness	<ul style="list-style-type: none">• PTO (paid out at employee's FTE)• Full Sick Bank• Short-Term Disability• Long-Term Disability – FT employees
Serious Illness of Family Member (Child, Parent, Spouse)	<ul style="list-style-type: none">• PTO (paid out at employee's FTE)• Full Sick Bank
Birth, Adoption, or Foster Care	<ul style="list-style-type: none">• PTO (paid out at employee's FTE)
Intermittent/Reduced Schedule	<ul style="list-style-type: none">• PTO (paid out at employee's FTE)

One week of PTO may be retained for consecutive leaves. No retention for intermittent leaves.

NOTICE TO EMPLOYER

Employees are required to give at least 30 days advance notice of a foreseeable leave (pregnancy, scheduled surgery, etc.). In unexpected or unforeseeable situations, employees should provide as much notice as is practical.

If such notice is not given, CentraCare may deny the taking of the leave until at least 30 days after the employee provides notice.

If the leave is for planned medical treatment and will be taken on an intermittent basis or on a reduced schedule, employees are expected to schedule the treatment so as to create minimum disruption for the employer.

If the leave is for employee's or a covered family member's serious health condition, employees must request a family/medical leave. Employees must complete a Family Medical Leave Provider Certification form 15 days after the verbal request.

CentraCare may require second or third opinions (at its expense), and fitness-for-duty reports to return to work. CentraCare may also require provider reports on the employee's status and intent to return to work.

JOB/PAY SECURITY

When the time off is no longer than 12 weeks with a probable return date, an employee will be restored to his or her original job before leave, or to an "equivalent" job, which means virtually identical to the original job in terms of pay, benefits, and other employment terms and conditions.

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Family Medical Leave (CONTINUED)

CONTINUATION OF BENEFITS

Medical and dental insurance will continue while an employee is on family medical leave or a paid leave, at the same cost as if the person had been actively at work.

PROCEDURE FOR REQUESTING A LEAVE

1. Requests for a Family Medical Leave are to be verbally directed to the Director, who, in turn, will direct the employee to the Benefits Department.
2. A Family Medical Leave Provider Certification form must be completed and returned to the Benefits Department. Necessary forms (Certification of Healthcare Provider, Employee Leave of Absence Request and Leave Reminders) can be picked up in Human Resources or from MyPortal.
3. When the employee is ready to return to work, the employee needs to contact their Director and provide a Return To Work Certification to the Employee Health Services Department if medically related.

Defined Contribution Retirement Plan

CentraCare provides a defined contribution retirement plan to all eligible employees. A defined contribution retirement plan provides a fixed contribution made by CentraCare each calendar year. The contribution is deposited into an account in your name with Fidelity Investments. You control the investments. Fidelity Investments is our provider for investment options. The retirement plan is designed to supplement the social security benefit you receive when you retire.

PARTICIPATION

You become a participant in the retirement plan after completing one year of service with 1,000 hours and attaining age 21.

Hours that count towards your 1,000 hours include: hours worked, PTO, sick leave, short-term disability, hospital time off, and on-call hours.

VESTING

You are fully or 100% vested after completing three years of 1,000 hours. 100% vested means you will never lose the amount in your account. If you terminate your employment after you are 100% vested, the money in your account is yours to roll to another plan, roll to an IRA, leave in your current plan, or take the cash.

If you have worked for another employer of CentraCare, prior vesting service may be given to you in accordance with the provisions of the retirement plan.

CONTRIBUTION SCHEDULE

The contribution is based on a graded schedule. The amount of contribution is based on your annual compensation and your number of years of vesting service (years of 1,000 hours). The more vesting service, the bigger % of contribution thus rewarding longer service employees. The contribution-graded schedule is:

0 - 5 years of vesting service	2.0%
6 - 10 years of vesting service	3.0%
11+ years of vesting service	4.5%

The contribution is made on an annual basis as long as you have met the eligibility requirements prior to the beginning of the calendar year and you remain employed for the entire calendar year. Prorated contributions will be made for retiring or deceased employees. You will receive quarterly statements showing account balances.

401(k) Retirement Plan & Employer Match

The 401(k) Retirement Plan allows you the opportunity to save and invest income on a pre-tax or after-tax basis for retirement. You will be automatically enrolled within 60 days of your first day of work unless you opt out. Information will be sent to you with the details. You may contribute as little as 1% of pay up to a maximum of \$19,500 for the year 2021. Employees age 50 and above may contribute an additional \$6,500 for the year 2021. A selection of investment options is available to participants through Fidelity Investments. Call Fidelity Investments at 1-800-343-0860 to select your investment options.

EMPLOYER MATCH

After one year of employment, 1,000 hours and age 21, you are eligible for an employer match. The match is 50% of the first 6% of employee contribution (3.0%). Vesting in the employer match is immediate upon meeting the eligibility requirements.

Individual Long-Term Care Insurance

All employees may be eligible to purchase long-term care insurance on an individual basis through a variety of companies and receive a group discount. This discount is also available for your spouse and parents. Contact Kowalik & Associates at 320-257-8888 to inquire about the program and to complete an application which includes a health questionnaire.

Voluntary Legal Services Plan

All employees except casual and temporary are eligible to participate in the voluntary legal services plan through MetLaw. You are eligible to enroll within 30 days of your first day of work or on an annual basis. The biweekly cost is \$7.27. MetLaw gives you easy access to experienced, participating attorneys for a wide range of covered legal services. For more information call 1-800-821-6400 or visit www.legalplans.com, click on "Thinking About Enrolling?" and enter password: 1500688.

Home & Auto Insurance (*MetPay*)

All employees are eligible to participate in home, auto, boat, and renter's insurance through MetPay. In addition to special group rates, you may be eligible for additional savings with these discounts*:

- Payroll Deduction
- Garaged Vehicle
- Anti-theft Device
- Safety Device (e.g. anti-lock brakes, air bags, etc.)
- Mature Driver
- Good Student
- Multi-Car
- Length of service with your employer

**Available in most states to those who qualify.*

Compare the cost of your current insurance with MetPay. Call 1-800-GET-MET8 (1-800-438-6388). To make an accurate comparison, have your current policy with you when you call. A knowledgeable MetPay Insurance consultant can give you a free insurance review and no-obligation premium quote over the phone.

Workers' Compensation

Employees injured while on duty are entitled to workers' compensation. It is necessary that the injury be reported at once to your supervisor and to Employee Health Services.

AiRCare – Personalized Healthcare Advocacy and Support Program

AiRCare is a phone based health and wellness program that helps CentraCare employees and their families live healthier, happier, lives.

This is a confidential and personalized program that's main goal is to ensure your health care needs are being met, and you are receiving the best care possible. CentraCare strives to assist you in making healthier decisions regarding your physical and emotional health, lifestyle, and overall wellbeing. This program includes individualized coaching, which is one-on-one phone-based support and education from a master's level licensed clinician.

Expertise and experience are the cornerstones of AiRCare. Employees and dependents receive obstacle-free access to the counseling and professional care necessary to return them to more productive lives both in the workplace and at home. Here are a few areas where AiRCare may help:

- | | |
|---------------------------------------------|-------------------------------------------|
| Navigating a major life transition | Dramatic shift in mood/energy level |
| Difficulty managing stress | In need of a behavioral health referral |
| Diagnosis of a chronic medical condition | Dramatic change in behavior or attitude |
| Recent or ongoing emotional struggles | Experiencing anxiety |
| Struggling with interpersonal relationships | Experienced a recent trauma |
| Getting more out of life | Postpartum depression |
| Pain management | Struggling with disordered eating |
| Struggling to manage emotions | Caregiver of a loved one |
| Recent loss of a loved one or pet | Concerned about a family member or friend |
| Recent decline in productivity | Need assistance coordinating care |
| Feeling hopeless or helpless | Smoking cessation |
| Increased use of alcohol or drugs | Strengthening your mind |

Please call AiRCare at 855-806-1028 or email them at centracare@aircarehealth.com for assistance.

Employee Recognition

MONTHLY RECOGNITION

On a monthly basis employees are recognized for the years of service based on their anniversary dates of 5, 10, 15, 20, 25, 30, 35+ years of service.

Awards are presented to employees on or around their length of service date by their department directors. Retirees will be mailed information about their gift choices shortly after their last day of service. All 10+ year recipients of the monthly awards during the recognition year of May-April are invited to that year's annual employee recognition banquet held in May.

Other Benefits

Other benefits and services offered by CentraCare include free parking, personnel dining room, direct deposit, coverage under unemployment compensation, discounts to various local businesses, and discounts to various vacation areas.

Policies and Procedures

The Human Resources Operations Manual contains the human resources policies and procedures for CentraCare. The policies and procedures are intended as guidelines only and are subject to change at the sole discretion of CentraCare. Neither the offer nor acceptance of employment or the establishment and maintenance of employment or operating policies and procedures by CentraCare create a contract of employment. The employment relationship is terminable at will of either the employee or CentraCare.

You may view the Human Resources Operations Manual on Policy Stat.

Cobra Notice

On April 7, 1986, a federal law was enacted [Public Law 99*272, Title X] requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the new law.

[Both you and your spouse should take the time to read this notice carefully.]

If you are an employee of CentraCare covered by group health plans, you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by a group health plan, you have the right to choose continuation coverage for yourself if you lose group health coverage under CentraCare for any of the following reasons:

1. The death of your spouse.
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment.
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by CentraCare, he or she has the right to continuation coverage if group health coverage is lost for any of the following five reasons:

1. The death of a parent.
2. A termination of parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with CentraCare.
3. Parent's divorce or legal separation.
4. A parent becomes entitled to Medicare; or
5. The dependent child ceases to be a "dependent child".

Under the law, the employee or a family member has the responsibility to inform CentraCare of a divorce, legal separation, or a child losing dependent status within 60 days of the date of the event or the date in which coverage would end under the Plan because of the event, whichever is later.

When CentraCare is notified that one of these events has happened, the Plan Administrator will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage because of one of the events described above, or the date notice of your election rights is sent to you, whichever is later, to inform the Plan Administrator that you want continuation coverage.

If you do not choose continuation coverage, your group health insurance will end.

(CONTINUED ON NEXT PAGE)

Cobra Notice (CONTINUED)

If you choose continuation coverage, CentraCare is required to give you coverage provided under the plan to similarly situated employees or family members. The new law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months. This 18 months may be extended to 36 month if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during the 18 month period.

The 18 months may be extended to 29 months if an individual is determined (under Title II or XVI of the Social Security Act) to be disabled and the Plan Administrator is notified of that determination within 60 days. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled. In no event will continuation coverage last beyond 3 years from the date of the event that originally made a qualifying beneficiary eligible to elect coverage.

However, the law also provides that your continuation coverage may be terminated for any of the following five reasons:

1. CentraCare no longer provides group health coverage to any of its employees.
2. The premium for your continuation coverage is not paid on time.
3. You become covered by another group plan, unless the plan contains any exclusions or limitations with respect to any preexisting condition you or your covered dependents may have.
4. You become entitled to Medicare.
5. You extend coverage for up to 29 month due to your disability and there has been a final determination that you are no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

If you have any questions about the law, please contact the Human Resources Department. Also, if you have changed marital status, have dependents that may no longer be eligible, or you or your spouse have changed addresses, please notify CentraCare as soon as possible.

More detailed COBRA information is available in the Summary Plan Description (SPD) of your medical/dental plan.



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