



**2024  
Benefits**

Employee Guide

# Introduction

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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 - Benefits Department via MyPortal.

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# CentraCare Medical Plans

## ELIGIBILITY

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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 may be eligible for COBRA extension.

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 without having to experience a qualifying life event.

## HOW THESE PLANS WORK

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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

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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](http://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 PREMIUMS QUOTED**

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All medical premiums quoted throughout this Guide are based on an employee achieving all requirements to receive the lowest level premium available. Mid-year newly hired and newly eligible employees will automatically receive the lowest premium available during the year in which they are hired and will be notified of requirements that must be achieved to receive the lowest premium available for the following calendar year.

# High Health Savings Account (HSA) Plan

The High HSA medical plan, administered through HealthPartners, is tied with a corresponding Health Savings Account, administered by Fidelity.

## HIGH HSA MEDICAL PLAN

2024 BI-WEEKLY PREMIUMS	FULL-TIME (0.75 - 1.0 FTE)	PART-TIME (0.4 - 0.74 FTE)
Employee only . . . . .	\$43.00	\$57.25
Employee + Child(ren) . . . . .	\$122.00	\$146.25
Employee + Spouse . . . . .	\$163.75	\$196.50
Employee + Family . . . . .	\$191.25	\$229.25

2024 BI-WEEKLY PREMIUMS (LOCAL 70)	FULL-TIME (0.75 - 1.0 FTE)	PART-TIME (0.4 - 0.74 FTE)
Employee only . . . . .	\$43.00	\$71.50
Employee + Child(ren) . . . . .	\$97.50	\$146.25
Employee + Spouse . . . . .	\$131.00	\$196.50
Employee + Family . . . . .	\$153.00	\$229.25

Employees receive the above premium rates if they have met the wellness incentives required for the lowest premium levels.

### HOW THE MEDICAL PLAN WORKS:

As you seek medical care and claims are incurred, the claims are processed through your High HSA Medical Plan.

- You are responsible for the cost of all claims until you reach your deductible.
- Once the deductible is met, you are then responsible for the coinsurance amount, until your maximum out-of-pocket is met.
- Once your maximum out-of-pocket is met, then the insurance plan pays the cost of covered services for the rest of the calendar year.
- See the Summary table below for Deductible, Coinsurance, and Out-of-Pocket Maximum amounts.

The High Health Savings Account (HSA) Plan			
	TIER 1	TIER 2	TIER 3
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
<b>BENEFIT</b>			
<b>ANNUAL DEDUCTIBLE</b>	\$4,000 per person \$8,000 per family		\$8,000 per person \$16,000 per family
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> Medical Claims (network specific - includes deductible)  Medical Claims (combined - includes deductible)	\$5,000 per person \$10,000 per family Applies to Tiers 1 & 2		\$12,000 per person \$24,000 per family Applies to Tier 3 only
<b>USUAL AND CUSTOMARY FEE SCHEDULE</b>	No	No	Yes
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>PREVENTIVE CARE</b>			
Routine preventive exams (as determined by your Dr.) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Well-child care (from birth to age six) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Prenatal exams . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Immunizations . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Routine hearing exams (one per year) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Routine vision exams (one per year) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible



# The High Health Savings Account (HSA) Plan

	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	<b>Out-Of-Network</b>
<b>BENEFIT</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>PHYSICIAN, PROFESSIONAL, AND RELATED OFFICE VISITS</b>			
Primary care . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Specialist . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
In-office surgery/procedures . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Allergy shots . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
<b>OUTPATIENT DIAGNOSTIC TESTS</b>			
MRIs and CT scans . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Other diagnostic x-ray, lab and tests . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
<b>URGENT CARE</b> . . . . .	80% after deductible . . . . .	80% after deductible . . . . .	80% after in-network deductible . . . . .
<b>EMERGENCY ROOM CARE</b> . . . . .	80% after deductible . . . . .	80% after deductible . . . . .	80% after in-network deductible . . . . .
<b>HOSPITAL INPATIENT SERVICES</b> (includes semi-private room, medication and drugs, nursing care, operating room, and anesthesia) . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
<b>HOSPITAL OUTPATIENT SERVICES</b> (includes operating room, invasive surgery, chemotherapy, radiation therapy, and pathology) . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
<b>AMBULANCE</b> . . . . .	80% (no deductible) . . . . .	80% (no deductible) . . . . .	80% (no deductible) . . . . .
<b>MEDICAL DEVICES AND EQUIPMENT</b>			
Prosthetics (orthotics) . . . . .	80% after deductible . . . . .	80% after deductible . . . . .	80% after deductible . . . . .
Durable medical equipment . . . . .	80% after deductible . . . . .	80% after deductible . . . . .	80% after deductible . . . . .
<b>PRESCRIPTION DRUGS</b>			
Preventive Medications . . . . .	100% (no deductible) . . . . .	100% (no deductible) . . . . .	
ALL OTHER MEDICATIONS ON THE FORMULARY LISTING			
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 . . . . .
Only prescription medications listed on the Formulary listing are covered			
<b>OUTPATIENT REHABILITATION SERVICES</b>			
Physical, speech and occupational therapy and other therapy . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Chiropractic (up to 20 visits per year) . . . . .	80% after deductible . . . . .	80% after deductible . . . . .	50% after deductible . . . . .
<b>CONTINUED CARE</b>			
Home health services . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Skilled nursing facility . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
Home hospice care, part-time care, continuous and respite care . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible . . . . .
<b>CHEMICAL DEPENDENCY / MENTAL HEALTH</b>			
Inpatient care . . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% 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 . . . . .	50% 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 . . . . .	50% after deductible per mental health office visit . . . . .

## THE HEALTH SAVINGS ACCOUNT

Your Health Savings Account is a tax-advantaged account that can be used to pay for your out-of-pocket, eligible medical, dental and vision expenses. It can be used to pay for your deductible and coinsurance expenses incurred, along with a whole host of other eligible medical, dental and vision expenses. The dollars in your Health Savings Account can be used on eligible expenses for yourself, your spouse, and any dependent children you claim on your federal income tax return, even if they are not covered under your corresponding High HSA Medical Plan.

Special note regarding IRS requirements for HSA contributions: in order to be eligible to make or receive HSA contributions, an employee must not:

- be enrolled in Medicare (any part)
- be enrolled in TriCare
- be enrolled in any other health insurance plan that's not a qualified high deductible health plan (as defined by the IRS)
- be claimed as a dependent on anyone else's tax return
- 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-Use Flexible Spending Account is permitted, however.

CentraCare makes contributions into your Health Savings Account when you are enrolled in the High HSA Medical Plan. Additionally, you may make contributions into your Health Savings Account if you wish to. The IRS sets maximum annual contribution limits each year, outlined here:

	<b>SINGLE MEDICAL PLAN COVERAGE</b>	<b>EMPLOYEE + CHILDREN EMPLOYEE + SPOUSE EMPLOYEE + FAMILY MEDICAL COVERAGE</b>
<b>2024 IRS Maximum Limits</b> . . . . .	\$4,150 . . . . .	\$8,300
CentraCare's Annual Contribution (prorated and contributed bi-weekly)* . . . . .	\$1,000 . . . . .	\$2,000
Employee Maximum Annual Contribution (prorated and contributed bi-weekly)* . . . . .	\$3,150 . . . . .	\$6,300

Employees Age 55+ may contribute up to an additional \$1,000 per year

\*CentraCare's annual contribution is prorated for employees enrolling mid-year.

# Low Health Savings Account (HSA) Plan

The Low HSA medical plan, administered through HealthPartners, is tied with a corresponding Health Savings Account, administered by Fidelity.

## LOW HSA MEDICAL PLAN

2024 BI-WEEKLY PREMIUMS	FULL-TIME (0.75 - 1.0 FTE)	PART-TIME (0.4 - 0.74 FTE)
Employee only . . . . .	\$53.50 . . . . .	\$71.50 . . . . .
Employee + Child(ren) . . . . .	\$152.00 . . . . .	\$182.50 . . . . .
Employee + Spouse . . . . .	\$201.00 . . . . .	\$241.25 . . . . .
Employee + Family . . . . .	\$234.75 . . . . .	\$281.75 . . . . .

2024 BI-WEEKLY PREMIUMS (LOCAL 70)	FULL-TIME (0.75 - 1.0 FTE)	PART-TIME (0.4 - 0.74 FTE)
Employee only . . . . .	\$53.50 . . . . .	\$89.25 . . . . .
Employee + Child(ren) . . . . .	\$121.75 . . . . .	\$182.50 . . . . .
Employee + Spouse . . . . .	\$161.00 . . . . .	\$241.25 . . . . .
Employee + Family . . . . .	\$188.00 . . . . .	\$281.75 . . . . .

Employees receive the above premium rates if they have met the wellness incentives required for the lowest premium levels.

### HOW THE MEDICAL PLAN WORKS:

As you seek medical care and claims are incurred, the claims are processed through your Low HSA Medical Plan.

- You are responsible for the cost of all claims until you reach your deductible.
- Once the deductible is met, you are then responsible for the coinsurance amount, until your maximum out-of-pocket is met.
- Once your maximum out-of-pocket is met, then the insurance plan pays the cost of covered services for the rest of the calendar year.
- See the Summary table below for Deductible, Coinsurance, and Out-of-Pocket Maximum amounts.

## The Low Health Savings Account (HSA) Plan

	TIER 1	TIER 2	TIER 3
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
<b>BENEFIT</b>			
<b>ANNUAL DEDUCTIBLE</b>	\$3,200 per person \$6,400 per family		\$6,400 per person \$12,800 per family
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> Medical Claims (network specific - includes deductible)  Medical Claims (combined - includes deductible)	\$4,000 per person \$8,000 per family Applies to Tiers 1 & 2		\$10,000 per person \$20,000 per family Applies to Tier 3 only
<b>USUAL AND CUSTOMARY FEE SCHEDULE</b>	No	No	Yes
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>PREVENTIVE CARE</b> Routine preventive exams (as determined by your Dr.) . . . . . Well-child care (from birth to age six) . . . . . Prenatal exams . . . . . Immunizations . . . . . Routine hearing exams (one per year) . . . . . Routine vision exams (one per year) . . . . .	100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . .	100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . . 100% (no deductible) . . . . .	50% after deductible . . . . . 50% after deductible . . . . . 50% after deductible . . . . . 50% after deductible . . . . . 50% after deductible . . . . . 50% after deductible . . . . .



# The Low Health Savings Account (HSA) Plan

	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	<b>Out-Of-Network</b>
<b>BENEFIT</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>PHYSICIAN, PROFESSIONAL, AND RELATED OFFICE VISITS</b>			
Primary care.....	80% after deductible	70% after deductible	50% after deductible
Specialist.....	80% after deductible	70% after deductible	50% after deductible
In-office surgery/procedures.....	80% after deductible	70% after deductible	50% after deductible
Allergy shots.....	80% after deductible	70% after deductible	50% after deductible
<b>OUTPATIENT DIAGNOSTIC TESTS</b>			
MRIs and CT scans.....	80% after deductible	70% after deductible	50% after deductible
Other diagnostic x-ray, lab and tests.....	80% after deductible	70% after deductible	50% after deductible
<b>URGENT CARE</b> .....	80% after deductible	80% after deductible	80% after in-network deductible
<b>EMERGENCY ROOM CARE</b> .....	80% after deductible	80% after deductible	80% after in-network deductible
<b>HOSPITAL INPATIENT SERVICES</b> (includes semi-private room, medication and drugs, nursing care, operating room, and anesthesia).....	80% after deductible	70% after deductible	50% after deductible
<b>HOSPITAL OUTPATIENT SERVICES</b> (includes operating room, invasive surgery, chemotherapy, radiation therapy, and pathology).....	80% after deductible	70% after deductible	50% after deductible
<b>AMBULANCE</b> .....	80% (no deductible)	80% (no deductible)	80% (no deductible)
<b>MEDICAL DEVICES AND EQUIPMENT</b>			
Prosthetics (orthotics).....	80% after deductible	80% after deductible	80% after deductible
Durable medical equipment.....	80% after deductible	80% after deductible	80% after deductible
<b>PRESCRIPTION DRUGS</b>			
Preventive Medications.....	100% (no deductible)	100% (no deductible)	Not Covered
Preventive Maintenance Medications.....	100% (no deductible)	70% after deductible	Not Covered
<b>ALL OTHER MEDICATIONS ON THE FORMULARY LISTING</b>			
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
Only prescription medications listed on the Formulary listing are covered			
<b>OUTPATIENT REHABILITATION SERVICES</b>			
Physical, speech and occupational therapy and other therapy.....	80% after deductible	70% after deductible	50% after deductible
Chiropractic (up to 20 visits per year).....	80% after deductible	80% after deductible	50% after deductible
<b>CONTINUED CARE</b>			
Home health services.....	80% after deductible	70% after deductible	50% after deductible
Skilled nursing facility.....	80% after deductible	70% after deductible	50% after deductible
Home hospice care, part-time care, continuous and respite care.....	80% after deductible	70% after deductible	50% after deductible
<b>CHEMICAL DEPENDENCY / MENTAL HEALTH</b>			
Inpatient care.....	80% after deductible	70% after deductible	50% 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.	50% 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.	50% after deductible per mental health office visit.

## THE HEALTH SAVINGS ACCOUNT

Your Health Savings Account is a tax-advantaged account that can be used to pay for your out-of-pocket, eligible medical, dental and vision expenses. It can be used to pay for your deductible and coinsurance expenses incurred, along with a whole host of other eligible medical, dental and vision expenses. The dollars in your Health Savings Account can be used on eligible expenses for yourself, your spouse, and any dependent children you claim on your federal income tax return, even if they are not covered under your corresponding Low HSA Medical Plan.

Special note regarding IRS requirements for HSA contributions: in order to be eligible to make or receive HSA contributions, an employee must not:

- be enrolled in Medicare (any part)
- be enrolled in TriCare
- be enrolled in any other health insurance plan that's not a qualified high deductible health plan (as defined by the IRS)
- be claimed as a dependent on anyone else's tax return
- 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-Use Flexible Spending Account is permitted, however.

CentraCare makes contributions into your Health Savings Account when you are enrolled in the Low HSA Medical Plan. Additionally, you may make contributions into your Health Savings Account if you wish to. The IRS sets maximum annual contribution limits each year, outlined here:

	<b>SINGLE MEDICAL PLAN COVERAGE</b>	<b>EMPLOYEE + CHILDREN EMPLOYEE + SPOUSE EMPLOYEE + FAMILY MEDICAL COVERAGE</b>
<b>2024 IRS Maximum Limits</b> . . . . .	\$4,150 . . . . .	\$8,300
CentraCare's Annual Contribution (prorated and contributed bi-weekly)* . . . . .	\$850 . . . . .	\$1,700
Employee Maximum Annual Contribution (prorated and contributed bi-weekly)* . . . . .	\$3,300 . . . . .	\$6,600

Employees Age 55+ may contribute up to an additional \$1,000 per year

\*CentraCare's annual contribution is prorated for employees enrolling mid-year.

# HSA Qualified Medical Expenses

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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

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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

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- 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.

# Health Reimbursement Account (HRA) Plan

The HRA medical plan is tied with a corresponding Health Reimbursement Account, both administered by HealthPartners.

## HRA MEDICAL PLAN

2024 BI-WEEKLY PREMIUMS	FULL-TIME (0.75 - 1.0 FTE)	PART-TIME (0.4 - 0.74 FTE)
Employee only . . . . .	\$63.00 . . . . .	\$83.75
Employee + Child(ren) . . . . .	\$180.50 . . . . .	\$216.50
Employee + Spouse . . . . .	\$236.25 . . . . .	\$284.00
Employee + Family . . . . .	\$273.25 . . . . .	\$328.00

### 2024 BI-WEEKLY PREMIUMS (LOCAL 70)

Employee only . . . . .	\$63.00 . . . . .	\$104.75
Employee + Child(ren) . . . . .	\$144.25 . . . . .	\$216.50
Employee + Spouse . . . . .	\$189.50 . . . . .	\$284.00
Employee + Family . . . . .	\$218.50 . . . . .	\$328.00

Employees receive the above premium rates if they have met the wellness incentives required for the lowest premium levels.

### HOW THE MEDICAL PLAN WORKS:

As you seek medical care and claims are incurred, the claims are processed through your HRA Medical Plan.

- You are responsible for the cost of all claims until you reach your deductible.
- Once the deductible is met, you are then responsible for the coinsurance amount, until your maximum out-of-pocket is met.
  - As claims are incurred, they are automatically paid out of your HRA, if you have a balance.
  - Once the HRA balance is exhausted, then claims are paid out of your Medical Flexible Spending Account (FSA), if you elected.
  - Once both your HRA and your FSA are exhausted, then amounts due must be paid by you, out of your personal finances.
- Once your maximum out-of-pocket is met, then the insurance plan pays the cost of covered services for the rest of the calendar year.
- See the Summary table below for Deductible, Coinsurance, and Out-of-Pocket Maximum amounts.

The Health Reimbursement Account (HRA) Plan			
	TIER 1	TIER 2	TIER 3
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
<b>BENEFIT</b>			
<b>ANNUAL DEDUCTIBLE</b>	\$2,000 per person \$4,000 per family		\$4,000 per person \$8,000 per family
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>			\$8,000 per person \$16,000 per family Applies to Tier 3 only
Medical Claims (network specific - includes deductible)	\$3,000 per person \$6,000 per family Applies to Tiers 1 & 2		
Medical Claims (combined - includes deductible)			
Prescriptions	\$1,500 per person \$3,000 per family		None
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited	Unlimited	Unlimited

(CONTINUED ON NEXT PAGE)

# The Health Reimbursement Account (HRA) Plan

	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	<b>Out-Of-Network</b>
<b>BENEFIT</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>PREVENTIVE CARE</b>			
Routine preventive exams (as determined by your Dr.) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Well-child care (from birth to age six) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Prenatal exams . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Immunizations . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Routine hearing exams (one per year) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
Routine vision exams (one per year) . . . . .	100% (no deductible)	100% (no deductible)	50% after deductible
<b>PHYSICIAN, PROFESSIONAL, AND RELATED OFFICE VISITS</b>			
Primary care . . . . .	80% after deductible	70% after deductible	50% after deductible
Specialist . . . . .	80% after deductible	70% after deductible	50% after deductible
In-office surgery/procedures . . . . .	80% after deductible	70% after deductible	50% after deductible
Allergy shots . . . . .	80% after deductible	70% after deductible	50% after deductible
<b>OUTPATIENT DIAGNOSTIC TESTS</b>			
MRIs and CT scans . . . . .	80% after deductible	70% after deductible	50% after deductible
Other diagnostic x-ray, lab and tests . . . . .	80% after deductible	70% after deductible	50% after deductible
<b>URGENT CARE</b> . . . . .	80% after deductible	80% after deductible	80% after in-network deductible
<b>EMERGENCY ROOM CARE</b> . . . . .	80% after deductible	80% after deductible	80% after in-network deductible
<b>HOSPITAL INPATIENT SERVICES</b> (includes semi-private room, medication and drugs, nursing care, operating room, and anesthesia) . . . . .	80% after deductible	70% after deductible	50% after deductible
<b>HOSPITAL OUTPATIENT SERVICES</b> (includes operating room, invasive surgery, chemotherapy, radiation therapy, and pathology) . . . . .	80% after deductible	70% after deductible	50% after deductible
<b>AMBULANCE</b> . . . . .	80% (no deductible)	80% (no deductible)	80% (no deductible)
<b>MEDICAL DEVICES AND EQUIPMENT</b>			
Prosthetics (orthotics) . . . . .	80% after deductible	80% after deductible	80% after deductible
Durable medical equipment . . . . .	80% after deductible	80% after deductible	80% after deductible
<b>PRESCRIPTION DRUGS</b>			
Preventive Medications . . . . .	100% (no deductible)	100% (no deductible)	Not Covered
ALL OTHER MEDICATIONS ON THE FORMULARY LISTING			
Outpatient . . . . .	\$8 generic drug . . . . .	\$24 generic drug . . . . .	Not Covered
	\$30 brand name drug . . . . .	\$50 brand name drug . . . . .	Not Covered
	34-day supply = 1 copay . . . . .	34-day supply = 1 copay . . . . .	Not Covered
	68-day supply = 2 copays . . . . .	68-day supply = 2 copays . . . . .	Not Covered
	102-day supply (generic) = 2 copays . . . . .	102-day supply = 3 copays . . . . .	Not Covered
	102-day supply (brand name) = 3 copays . . . . .		
	MedImpact Formulary . . . . .	MedImpact Formulary . . . . .	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
Only prescription medications listed on the Formulary listing are covered			
<b>OUTPATIENT REHABILITATION SERVICES</b>			
Physical, speech and occupational therapy and other therapy . . . . .	80% after deductible	70% after deductible	50% after deductible
Chiropractic (up to 20 visits per year) . . . . .	80% after deductible	80% after deductible	50% after deductible

# The Health Reimbursement Account (HRA) Plan

	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 3</b>
<b>PARTICIPATING PROVIDERS:</b>	CentraCare Clinic St. Cloud Hospital CentraCare Affiliates CentraCare Pharmacies Others Contracted	HealthPartners Network CIGNA Network MedImpact Pharmacies	Out-Of-Network
<b>BENEFIT</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>CONTINUED CARE</b>			
Home health services. . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible
Skilled nursing facility. . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible
Home hospice care, part-time care, continuous and respite care. . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% after deductible
<b>CHEMICAL DEPENDENCY / MENTAL HEALTH</b>			
Inpatient care. . . . .	80% after deductible . . . . .	70% after deductible . . . . .	50% 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. . . . .	50% 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. . . . .	50% after deductible per mental health office visit. . . . .
<b>USUAL AND CUSTOMARY FEE SCHEDULE</b>	No	No	Yes

## THE HEALTH REIMBURSEMENT ACCOUNT

The Health Reimbursement Account is an employer-owned account that can be used to pay for your out-of-pocket deductible and coinsurance expenses from your medical plan. The dollars in the Health Reimbursement Account can only be used on eligible expenses for yourself, your spouse, and any dependent children you have covered on your HRA Medical Plan.

CentraCare makes its contribution into the Health Reimbursement Account at the first of the year, or right away when you are enrolled in the HRA Medical Plan, if you enroll mid-year. Under a Health Reimbursement Account, you are not eligible to make additional contributions into the account yourself. Additionally, when you leave employment with CentraCare, change to an HSA Medical Plan, or drop medical coverage with CentraCare, the dollars remaining in the Health Reimbursement Account are funded back to the employer.

	<b>SINGLE MEDICAL PLAN COVERAGE</b>	<b>EMPLOYEE + CHILDREN EMPLOYEE + SPOUSE EMPLOYEE + FAMILY MEDICAL COVERAGE</b>
CentraCare's Annual Contribution (prorated and contributed bi-weekly)* . . . . .	\$750 . . . . .	\$1,500
Maximum Accumulation . . . . .	\$4,000 . . . . .	\$8,000

\*CentraCare's annual contribution is prorated for employees enrolling mid-year.



## 2024 Medical Plan Designs

(based on in-network coverage)

	<b>HRA Plan</b>	<b>Low HSA Plan</b>	<b>High HSA Plan</b>
<b>Preventive Services</b>	100% no deductible	100% no deductible	100% no deductible
<b>Annual Deductible</b>	\$2,000 / \$4,000	\$3,200 / \$6,400	\$4,000 / \$8,000
<b>Annual Employer Contribution</b>	\$750 / \$1,500 (funded on 01/01/2024)	\$850 / \$1,700 (prorated and contributed bi-weekly)	\$1,000 / \$2,000 (prorated and contributed bi-weekly)
<b>Maximum Annual Out-of-pocket</b>	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
<b>Maximum Annual Employee Pre-tax Contribution</b> <i>(optional)</i>	NA	\$3,300 / \$6,600 Age 55+: additional \$1,000	\$3,150 / \$6,300 Age 55+: additional \$1,000
<b>Prescriptions (Tier 1)</b> To find out which prescriptions are covered under our medical insurance, go to <a href="http://healthpartners.com/formulary">healthpartners.com/formulary</a>	Preventive Meds: \$0  Maintenance Meds and all other Covered Meds: Generic \$8 Brand Name: \$30  Injectables, including insulin: 20% (not subject to deductible)	Preventive Meds: \$0  Certain Maintenance Meds: \$0  All other Covered Meds: Member pays total cost until reaching the deductible, then pays coinsurance	Preventive Meds: \$0  Maintenance Meds and all other Covered Meds: Member pays total cost until reaching the deductible, then pays coinsurance
<b>Prescription Maximum Annual Out-of-pocket</b>	\$1,500 / \$3,000 (separate from medical maximum out-of-pocket)	Included in the medical maximum out-of-pocket above	Included in the medical maximum out-of-pocket above
<b>Flexible Spending Account Medical Expenses</b> (2024 IRS limit of \$3,200)	Any out-of-pocket medical expenses eligible for reimbursement such as prescription copays, deductibles, dental, or vision.	Only dental and vision out-of-pocket eligible expenses are eligible for reimbursement. All other out-of-pocket medical expenses need to go through the Health Savings Account.	Only dental and vision out-of-pocket eligible expenses are eligible for reimbursement. All other out-of-pocket medical expenses need to go through the Health Savings Account.

2024 COMPARISON GUIDE	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)
<b>What is it?</b>	<p>HSA's are individual expense accounts owned by employees that allow for tax-free payment or reimbursement of eligible medical expenses.</p> <p><b>To receive employer contributions or to make contributions to an HSA, an employee:</b></p> <ul style="list-style-type: none"> <li>• Must be enrolled in an HSA-qualified health plan</li> <li>• Must not be covered by another health plan including VA and TriCare</li> <li>• Must not be listed as a dependent on someone else's taxes</li> <li>• Must not be enrolled in any part of Medicare, whether free or not</li> <li>• Must not be enrolled in a traditional Medical FSA - nor can their spouse be.</li> </ul> <p>Companies can make tax-free contributions to eligible employees' HSA's.</p>	<p>HRA's 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 pay for employees and their dependents' eligible expenses.</p>	<p>Medical FSA's are employer established health care spending accounts that allow for tax-free contribution and reimbursement of eligible medical expenses.</p> <p>Employees only make pre-tax contributions into these accounts. Unused funds up to \$640 roll over to the next year, any unused funds over \$640 are forfeited.</p>
<b>Who is eligible?</b>	Must have HSA-qualified health plan of at least \$3,200 single embedded deductible in 2024.	All employees covered by their employer's health plan.	All employees; not self-employed.
<b>Who can contribute?</b>	Employer, employee, or third party.	Employer only.	Employee only.
<b>What's the maximum contribution allowed by the IRS (including both employee and employer contributions)?</b>	<p>Combined employee and employer.</p> <p style="text-align: center;"><b>2024</b></p> <p><i>Single</i>     \$4,150</p> <p><i>Family</i>     \$8,300</p>	Not Applicable.	Determined by employer; capped at \$3,200 per employee.
<b>What is CentraCare's contribution per year?</b>	<p><b>Low HSA Plan</b> Single \$850 / Family \$1,700</p> <p><b>High HSA Plan</b> Single \$1,000 / Family \$2,000</p> <p>(prorated and funded biweekly)</p>	<p>Single \$750 Family \$1,500 (funded 01/01/2024)</p> <p>(prorated for mid-year hires)</p>	No Employer contribution.
<b>Is it tax-advantaged?</b>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>• Tax-free contributions.</li> <li>• Tax-free interest.</li> <li>• Tax-free withdrawals for eligible expenses.</li> </ul>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>• Tax-free withdrawals for eligible expenses.</li> </ul>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>• Pretax contributions.</li> <li>• Tax-free withdrawals for eligible expenses.</li> </ul>
<b>What happens to unused funds at the end of the year?</b>	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 \$640 maximum account accrual of unused medical expenses to roll over to the next plan year.
<b>What other accounts can you pair with?</b>	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. May also be paired with an HSA, but if paired with an HSA, must be limited to amounts of dental/vision only.
<b>What if an employee changes health plans, drops health insurance, resigns, or retires?</b>	HSA accounts are portable, meaning employees keep all funds, even if they change plans, drop health insurance, resign, 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.

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2024 COMPARISON GUIDE	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Account (FSA)
<b>What about keeping receipts?</b>	It's important to save all your itemized receipts and Explanation of Benefits (EOB) statements to validate expenses, as required by the IRS.		
<b>What expenses are covered?</b>	<p><b>ELIGIBLE:</b></p> <ul style="list-style-type: none"> <li>• Out-of-pocket expenses until deductible is reached.</li> <li>• Copayments, coinsurance and prescription drugs.</li> <li>• Medicare and COBRA premiums.</li> <li>• Long-term care premiums.</li> <li>• Dental and vision care expenses not covered by the health/dental plan.</li> </ul> <p><b>INELIGIBLE:</b></p> <ul style="list-style-type: none"> <li>• Health insurance monthly premiums.</li> <li>• Expenses that aren't related to medical treatment or care as defined by the IRS.</li> </ul> <p><b>Remember:</b> HSA funds can only be used on the account holder and their dependents who are claimed on the employee's federal income tax return.</p>	<p><b>ELIGIBLE:</b></p> <p>The HRA typically covers the same expenses that the health plan covers. Covered expenses include:</p> <ul style="list-style-type: none"> <li>• Doctor visits.</li> <li>• Inpatient or outpatient hospital care.</li> <li>• Diagnostic exams.</li> </ul> <p><b>INELIGIBLE:</b></p> <p>Expenses that aren't eligible through the medical insurance plan.</p> <p><b>Remember:</b> HRA funds can only be used on the account holder and dependents covered under the medical plan.</p>	<p><b>ELIGIBLE:</b></p> <ul style="list-style-type: none"> <li>• Out-of-pocket expenses until deductible is reached.*</li> <li>• Copayments, coinsurance and prescription drugs.*</li> <li>• Dental and vision care expenses not covered by the health*/dental plan.</li> <li>• * With HSA (limited FSA) only eligible dental and vision expenses may be paid through the FSA. Eligible medical expenses must be paid through the HSA.</li> </ul> <p><b>INELIGIBLE:</b></p> <ul style="list-style-type: none"> <li>• Health insurance monthly premiums.</li> <li>• Expenses that aren't related to medical treatment or care as defined by the IRS.</li> </ul> <p><b>Remember:</b> FSA funds can only be used on the account holder and their dependents that are claimed on their federal income tax return.</p>

## 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 activities in which you may participate. To get started, employees may visit [CentraCareWellness.com](http://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 activities the opportunity to earn an annual incentive.

More information will be provided early on in 2024 regarding incentive options.

# 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 may be eligible for COBRA extension.

If you do not enroll in the 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 without experiencing a life event.

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

SERVICE:	CORE PLAN:	ENHANCED PLAN:
<b>Deductible</b>	\$50 per person per calendar year (not applicable to Diagnostic and Preventive Services)	\$25 per person per calendar year (not applicable to Diagnostic and Preventive Services)
<b>Diagnostic &amp; Preventive Services</b>	100%	100%
<b>Basic Services</b>	80%	80%
<b>Major Restorative</b>	50%	50%
<b>Prosthetics</b>	50%	50%
<b>Prosthetic Repairs &amp; Adjustments</b>	80%	80%
<b>Annual Maximum Benefit (paid by Delta Dental)</b>	\$1,500 per covered person	\$2,000 per covered person
<b>TMJ</b>	\$500 TMJ (non-surgical) benefit per person per calendar year. (This amount is inclusive of the \$1,500 overall Annual Maximum above.)	\$500 TMJ (non-surgical) benefit per person per calendar year. (This amount is inclusive of the \$2,000 overall Annual Maximum above.)
<b>Orthodontia (Child &amp; Adult)</b>	Not covered	50% to a lifetime maximum of \$3,000 per covered person
<b>Eligible Dependents</b>	Legal spouse and children up to age 26	

# Dental Plan (CONTINUED)

## DIAGNOSTIC & PREVENTIVE

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- 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

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- 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

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

## PROSTHETIC REPAIRS & ADJUSTMENTS

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

## PROSTHETICS

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- 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.*

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# Dental Plan (CONTINUED)

## DENTAL RATES

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<b>Biweekly Premiums:</b>	<b>CORE PLAN</b>	<b>ENHANCED PLAN</b>
Employee Only . . . . .	\$7.25 . . . . .	\$14.02
Employee + Children . . . . .	\$14.10 . . . . .	\$27.29
Employee + Spouse . . . . .	\$15.25 . . . . .	\$29.55
Employee + Family . . . . .	\$21.15 . . . . .	\$40.93

## PARTICIPATING DENTIST NETWORK

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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](http://www.deltadentalmn.org).

## COVERED FEES

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Under the Core and the Enhanced dental plans, **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*)

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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

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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.

If you leave employment, you may continue to be reimbursed for any amount deducted from your pay through your last paycheck, if you have not already been reimbursed that amount, for expenses incurred through the end of the calendar year. You must submit for reimbursement of these expenses by March 30 of the following year.

### MEDICAL FSA

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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 \$3,200 for 2024.

### LIMITED MEDICAL FSA

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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 \$3,200 for 2024.

*Reminder: You can rollover up to \$640 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 \$640 are forfeited.*

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# Flexible Spending Account Plans (CONTINUED)

## DEPENDENT CARE FSA

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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

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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](http://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

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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 \$300,000 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 may be eligible for continuation of your life insurance policy under MN Continuation Law.

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

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CentraCare offers a voluntary supplemental life insurance plan which allows employees to purchase additional life insurance for themselves of one to six times their basic life amount to a maximum of \$1,000,000 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 children (up to age 26). Spouse coverage is limited to 50% of your supplemental amount of coverage, to a maximum of \$250,000. Child life insurance policies are available in either a \$10,000 or a \$20,000 policy covering all children at one flat rate. 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

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

Age Group	Employee	Spouse	Age Group	Employee	Spouse
<30	\$0.037	\$0.043	50 - 54	\$0.208	\$0.219
30 - 34	\$0.049	\$0.057	55 - 59	\$0.389	\$0.409
35 - 39	\$0.064	\$0.072	60 - 64	\$0.596	\$0.627
40 - 44	\$0.090	\$0.095	65 - 69	\$0.991	\$ 1.133
45 - 49	\$0.136	\$0.143	70 or more	\$1.649	\$ 1.887

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

Child (birth to 26) - \$20,000 of Life Insurance Coverage = \$4.52 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 continuation of coverage through Minnesota's Continuation of Coverage law, and will receive information at the time your active coverage with CentraCare ends. In the event of death, notification of death, along with a copy of the death certificate, must be sent to The Standard.

## Supplemental Accidental Death & Dismemberment (AD&D)

You may now purchase Accidental Death & Dismemberment (AD&D) Insurance. What is Accidental Death & Dismemberment Insurance, you ask?

AD&D pays a benefit if a covered accident results in your death. Benefits may also be payable if you are severely injured and experience a physical loss, such as a hand, foot, or your eyesight, which could make it difficult or impossible to remain working.

Supplemental AD&D coverage is available for:

You: 1x to 6x your annual salary, up to \$1,000,000

Your Spouse: 50% of what you purchase on yourself, to a max. of \$250,000

Your Child(ren): either a \$10,000 or a \$20,000 policy

The cost of Supplemental AD&D Insurance is \$0.028 per \$1,000 of coverage.

To enroll in Spouse or Child AD&D, you would need to be enrolled in Supplemental AD&D coverage for yourself first.

# Long-Term Disability (LTD)

## REGULAR FULL-TIME EMPLOYEES ONLY

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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

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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

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Paid Time Off (PTO) is provided to all regular full-time, part-time, part-time reserve, temporary, and casual employees. PTO is intended for your time off needs, including using your accrued PTO for any holidays you are off that fall on your regularly scheduled workday.

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

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

## ACCRUAL

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### 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

Employees joining CentraCare through affiliation were mapped to the above accrual tables based on their accrual at the time of affiliation.



# 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

## CASUAL/TEMPORARY

Annual PTO in days (8-hr shifts)	Annual PTO in hours	PTO hours accrued per 2-wk pay period	Maximum PTO hour accrual
3.75	30	1.15	80

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.

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

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

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

\*Note: Employees who leave employment with CentraCare and later return, will have their PTO accrual date reset to their re-hire date with CentraCare.

## PTO CASH OUT

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CentraCare may provide a PTO cash out opportunity. Details may be found on MyPortal.

# Short-Term Disability (STD)

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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. There is a one week elimination period before STD benefits begin paying, during which time you will use accrued PTO.

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 on your first day of employment. 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

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Under the Family Medical Leave Act (FMLA) employees may be entitled to up to 12 weeks of job protected leave per rolling calendar year, for allowable events noted below. 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.

See Family Medical Leave policy for complete explanation.

## LEAVE FREQUENCY/MAXIMUM LENGTH

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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

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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"

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"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

# Family Medical Leave (CONTINUED)

## NOTICE TO EMPLOYER

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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. Employees must file a request for Leave of Absence using MyPortal.

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 have their medical provider 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

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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.

## CONTINUATION OF BENEFITS

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

## PROCEDURE FOR REQUESTING A LEAVE

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1. Requests for a Family Medical Leave must be made in MyPortal with a verbal notice to your direct leader.
2. A Family Medical Leave Provider Certification form must be completed and attached to your MyPortal leave case. Necessary forms will be made available to you via your MyPortal leave case.
3. When the employee is ready to return to work, the employee needs to notify their Leave Analyst via their leave case in MyPortal, inform their direct leader, and provide a Return To Work Certification to the Employee Health Services Department if the leave was medically related.

# Defined Contribution Retirement Plan

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CentraCare provides a defined contribution retirement plan to all eligible employees, which is designed to supplement any social security benefit you receive when you retire. A defined contribution retirement plan provides a fixed contribution, outlined below, made by CentraCare each calendar year. The contribution is deposited into your account with Fidelity Investments. You may invest the dollars as you see fit and may change your investment mix at any time. Fidelity Investments is our provider for investment options.

## PARTICIPATION

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You automatically 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

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You are fully or 100% vested after completing three years of at least 1,000 hours each year. 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

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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 larger your percent contribution. 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 may always view your account balance on Fidelity's website. See MyPortal for instructions on how to access your Fidelity account.

## **401(k) Retirement Plan & Employer Match**

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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 at a 6% contribution rate, and your contribution will automatically increase each year by 1% until you reach a 10% contribution rate, 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 \$23,000 for the year 2024. Employees age 50 and above may contribute an additional \$7,500 for the year 2024. 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**

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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**

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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**

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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](http://www.legalplans.com), click on "Thinking About Enrolling?" and enter password: 1500688.

## Home & Auto Insurance (*Farmers Insurance*)

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All employees are eligible to participate in home, auto, boat, and renter's insurance through Farmers Insurance. 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 Farmers Insurance. Call 866-586-6048. To make an accurate comparison, have your current policy with you when you call. A knowledgeable Farmers Insurance consultant can give you a free insurance review and no-obligation premium quote over the phone.

## Workers' Compensation

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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

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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](mailto:centracare@aircarehealth.com) for assistance.



# Employee Recognition

## MILESTONE YEARS OF SERVICE AND RETIREE RECOGNITION

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Milestone Years of Service: Employees reaching a milestone year of service (starting at 5 years, and every 5 year increment thereafter) are recognized by CentraCare for their years of dedicated service by being able to select from a wide variety of gift options of their choosing.

Retirees: Eligible retirees are also recognized for their many years of service to CentraCare by being able to select a retiree gift of their choice.

All 10+ years of service and eligible retirees are also honored at an annual recognition event, typically held in May of each year.

## EMPLOYEE, LEADER AND SR. LEADER RECOGNITION

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Employee Recognition: Employees can recognize peers when they see them living CentraCare's values. Employees will receive an email with a personalized e-certificate reflecting their message of appreciation.

Leader Recognition: Leaders may recognize employees for going above and beyond. Employees will receive an email with a personalized e-certificate notifying them of the recognition. Leaders also have the option to award employees with points, which will be automatically deposited into the employee's Recognition-ForYou account, where the employee may spend their points on gift cards or gifts of their choosing.

Sr. Leading Rounding: Senior leaders may recognize employees for living CentraCare's purpose and value with senior leader point rounding cards. These are printed cards that will be handed out. Employees may spend these points on gift cards or gifts of their choosing.

## Other Benefits

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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

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PolicyStat 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 policies on Policy Stat.



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