

New Employee  
Welcome

---

# Fairview: Your Benefits



EMPLOYEE SERVICE CENTER: 612-672-5050

# Retirement Savings Plans



## Plan Options

- 403(b) Pre-tax and/or Roth after-tax deferrals

## Eligibility

- No authorized hours requirements for employee contributions

## Manage Your Account

- [Netbenefits.com/Fairview](https://www.netbenefits.com/fairview) or by phone; 1-800-343-0860
- Deduction percentage
- Investment elections
- Beneficiary designations

# Retirement Savings Plans

## Employee Contributions – All Employees

- Contribute up to 85% of eligible salary to annual maximum of \$19,500 (\$26,000 if age 50+)
- **Automatic enrollment at 3% contribution level following 30 days of employment**
  - Excludes: MNA at Southdale and Riverside, Local 113 Twin Cities Service Workers, and Local 70 Engineers

## Employer Match Contribution

- Contributions matched 50% up to 6% (i.e. 3% maximum match)
- Contributions made bi-weekly

# Retirement Savings Plans

## Employer Discretionary Base Contribution

### 1. **First, meet initial eligibility:**

Be age 21 and have worked 1,000 hours by first anniversary of employment (non-contract and some eligible contract groups).

### 2. **Then meet contribution eligibility:**

Worked at least 1,000 hours annually (Jan-Dec) and employed on Dec. 31st

### 3. **If ALL eligibility is met:**

Eligible to receive contribution of 3% on eligible wages earned after initial eligibility. Eligibility is measured each calendar year and a contribution, if earned, is made annually.

**Union employees should refer to the union contract for any match, discretionary base and vesting details.**

# Retirement Savings Plans

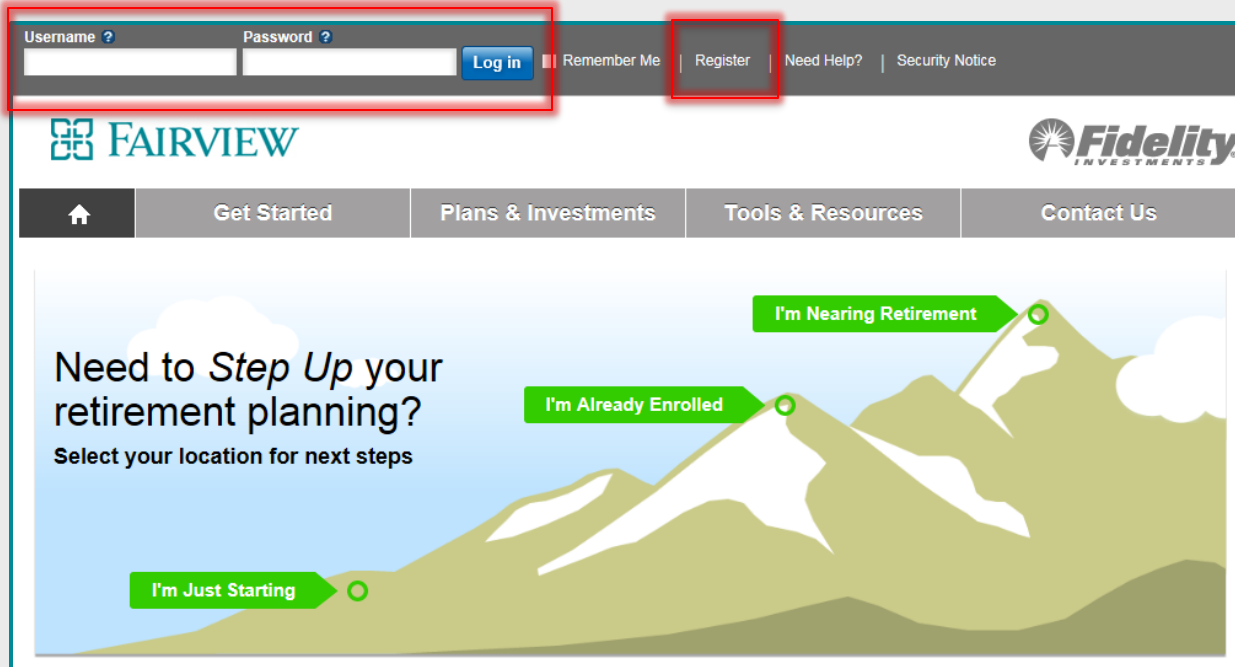


## Vesting Schedule for Employer Contributions

Must work 1,000 hours per payroll calendar year to earn 1 year of vesting credit.

- ✓ 1 year = 30%
- ✓ 2 years = 60%
- ✓ 3 years = 100%

# Retirement Savings Plans



## Log-in/Register

- Change deduction / Opt-out
- Investments
- Beneficiary designations

## Rollovers

- Contact Fidelity

**Netbenefits.com/Fairview**  
**1-800-343-0860**

---

# Fairview: Your Benefits



EMPLOYEE SERVICE CENTER: 612-672-5050 OR [ESC@FAIRVIEW.ORG](mailto:ESC@FAIRVIEW.ORG)

# Health & Welfare Benefits

## Enrollment

- You will receive an email when you are able to enroll online.
- Access is typically available starting Thursday afternoon after first day of employment.
- You have **31 days** from date of hire to enroll.
- Choose carefully; unless you have a qualifying life event you cannot make changes until Open Enrollment.

## Effective Date

- New Hire: effective date based on your employee group and may be different for each benefit.



# Health & Welfare Benefits

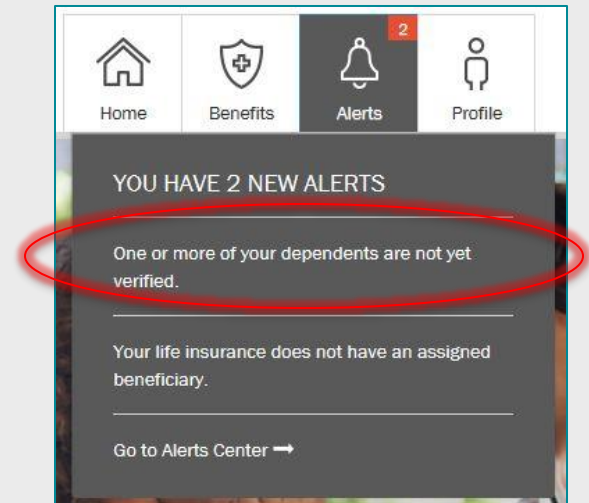
## Benefit Premiums

- Cost for each benefit is deducted from your bi-weekly paycheck
- Deductions are taken the paycheck following your effective date for each benefit
- Cost/Premiums can be found on:
  - My Fairview Benefits enrollment website
  - My Total Rewards link (sent by your recruiter or manager)
- Medical and Dental Premiums are based on:
  - How many dependents you cover (4 different tiers)
  - What plan you choose
  - Your FTE– noncontract employees only (some exceptions apply)
  - Applies to medical premiums only: Your tobacco status

# Dependent Verification

Willis Towers Watson manages the dependent verification process.

- Required to provide documentation to show that the dependent(s) you enrolled are eligible for coverage.
- You have **60 days** from the date of enrollment to provide documentation or your dependent(s) coverage will be terminated.
- Documents can be uploaded to the website, mailed or faxed to Willis Towers Watson.
- Complete your enrollment before you verify your dependents



# My Fairview Benefits

## Login Page

- Fairview Intranet -> Benefits & Services -> My Fairview Benefits
- Multi-factor authentication must be completed to access from home
- Enter your Fairview email and password

A screenshot of the Fairview login page, enclosed in a dark teal border. The page features the Fairview logo (a stylized 'F' icon) and the text 'FAIRVIEW' in teal. Below the logo, the text 'Sign in' is displayed in a bold, dark grey font. A text input field contains the placeholder text 'someone@example.com'. Below the input field, there is a link that says 'Can't access your account?' in blue. Further down, there is a link that says 'Sign-in options' in blue. At the bottom of the page, there are two buttons: a grey 'Back' button and a blue 'Next' button.

# My Fairview Benefits

## Benefit Enrollment Page

This is an optional vision plan through VSP that offers member discounts with a broad network of providers. Annual eye exams are not covered under VSP but will continue to be covered under your medical plan. To search for providers, go to the [VSP website](#). For more plan information, click on the links below located in the menu box on the left.

### Coverage Level



Employee Only:

AMY

[Update](#) →

Annual Premium:

\$44.04



VSP Vision Plan

**\$1.69**

Cost Per Pay  
Period

[Learn more about VSP Vision Plan](#)

[ADD TO CART](#)

### Decline Coverage

I want to decline vision coverage



[Vision Summary](#)

[Premium Rates](#)

- **Coverage Level** – ensure dependents are listed
- **Additional Resources** – links to summaries, rates, and FAQs
- **Link to vendor sites**

# Medical Insurance

## Plan Options

- Three Copay Plans
- Two High Deductible Plans with HSA option
- Insurance carrier is PreferredOne for all plans

## Twin Cities MNA Nurses

- Three additional plans if you are at Southdale or Riverside
- Two additional plans if you are at Bethesda, St. Johns and St. Josephs

## All Plans Cover

- Preventive services covered at 100% at in-network providers
- One annual eye exam covered at 100% at in-network providers
- Emergency services in and out of network

# Medical Insurance

## Networks

Search for providers at [www.preferredone.com/fairview](http://www.preferredone.com/fairview)

### **PreferredHealth Network**

- Fairview/HealthEast Hospitals and Clinics
- University of Minnesota Physicians
- Fairview Physician Associates
- Entira and Vibrant Clinics
- North Memorial Hospital and Clinics
- Children's Hospitals and Clinics

### **Open Access 200 Network**

- Providers include members of the PreferredHealth Network as well as other local providers (Allina, Mayo, etc.)

# Medical Insurance

## Networks

Search for providers at [www.preferredone.com/fairview](http://www.preferredone.com/fairview)

### Out Of Network

- No coverage in the Exclusive Provider Plan (except ER)
- Deductibles double
- Out of pocket maximums double
- Coinsurance is 50%

### Aetna Signature Administrators Network - Travel

Search for providers at <https://www.preferredone.com/aetna/asa/>

- If traveling outside of the state, use an Aetna provider and receive in network benefits.
- Not available in the Exclusive Provider Plan

# Medical Insurance

## Copay Plan Options

1. PreferredHealth Copay Plan
2. Open Access Copay Plan
3. Exclusive Provider Plan – no out of network coverage

## Features

- Lower deductibles / higher premiums
- Copays for certain services like office visits/ER/urgent care
  - Copays cover any services done within the office visit
- Deductible and coinsurance for hospitalization
  - Must pay deductible amount before plan pays for any services
  - After deductible is met, the coinsurance must be paid (%)
- Copays for some prescription drug coverage



# Medical Insurance

## Copay Plan Options

	PreferredHealth Copay	Open Access Copay	Exclusive Provider
<b>Network</b>	PreferredHealth	Open Access 200	PreferredHealth
<b>Deductible—single/family</b>	\$400/\$800	\$600/\$1,200	\$0/\$0
<b>Deductible/OOP Type</b>	Embedded	Embedded	Embedded
<b>Out-of-Pocket Maximum—single/family</b>	\$2,500/\$5,000	\$3,500/\$7,000	\$2,500/\$5,000
<b>Coinsurance (plan pays)</b>	85%	75%	100%
<b>Primary Care Office Visit</b>	\$30 copay	\$30 copay	\$30 copay
<b>Specialist Office Visit / Urgent Care</b>	\$60 copay	\$60 copay	\$60 copay
<b>Emergency Room</b>	\$150 copay	\$150 copay	\$150 copay
<b>Hospital Stay</b>	Deduct / Co-ins	Deduct / Co-ins	100%, no deduct

# Medical Insurance

## High Deductible Plan Options (with HSA option)

1. PreferredHealth High Deductible Plan
2. Open Access High Deductible Plan

## Features

- Higher deductibles / lower premiums
- Employee pays out of pocket for all services until deductible is met, this includes prescription drug coverage
- Coinsurance – plan pays percentage after the deductible is met
- Can contribute to a Health Savings Account (HSA) and may be eligible to receive an employer match contribution

# Medical Insurance

## High Deductible Plan Options (with HSA option)

	Preferred Health High Deductible	Open Access High Deductible
<b>Network</b>	Preferred Health	Open Access 200
<b>Fairview HSA Contribution – single/family</b>	up to \$500/\$1,000	up to \$500/\$1,000
<b>Deductible – single/family</b>	\$2,000/\$4,000	\$2,500/\$5,000
<b>Deductible Type</b>	Non-embedded	Non-embedded
<b>Out-of-Pocket Maximum – single/family</b>	\$4,000/\$8,000	\$5,000/\$10,000
<b>Out-of-Pocket Type</b>	Embedded	Embedded
<b>Coinsurance</b>	85%	75%

# Health Savings Account (HSA)



- Set aside pretax money to fund current and future health expenses
- Tax advantages: pretax contribution, tax-free interest, tax-free distribution
- Portable, roll over any unused balances year to year
- Must participate in a qualified high deductible health plan
- Required to complete an eligibility questionnaire
- Fairview matches your contribution up to \$500 individual / \$1,000 family (this annual contribution is divided over 26 pay periods) – must contribute in order to receive match
- Combined employee and employer contributions cannot exceed IRS annual maximum of \$3,550/single \$7,100/family. Limits are increased by \$1,000 if eligible for 55 or older catch-up contributions.
- Dollars need to be in the account in order to be used

# Spending Accounts



## Health Care Flexible Spending Account (HCFSA)

- Set aside pretax money (\$130-\$2,700 per year) to pay for medical expenses for you and your eligible dependents.
- Use it or lose it account – but can roll over up to \$500 into next plan year
- IRS requires itemized receipts for all claims. If substantiation is not provided, your card will be suspended.
- Your annual election is available on your effective date
- Download **VIA Benefits app** to easily upload receipts, track balance, etc.
- If enroll in an HSA, you may enroll in a ‘limited purpose’ spending account (dental and vision expenses only).

# Spending Accounts




## Dependent Care Flexible Spending Account (DCFSA)

- Set aside pretax money, \$130-\$5,000 per year per household
- Help pay for day care or child care expenses for your dependents under the age of 13.
- Use it or lose it account (by end of plan year).
- VIA Benefits will mail you a card if enrolled.

# Saving and Spending Accounts to-do:

## What Works for You?

**Elect an Amount**

<b>Annual Contribution Amount</b>	\$ 2,000	Contribute Max Amount	<b>\$76.92</b>
- Year-to-date Amount (estimated)	\$0.00		Cost Per Pay Period
= Remaining Amount	\$2,000.00		
÷ Remaining Pay Periods	26		
= Cost Per Pay Period	\$76.92		

**ADD TO CART**

## Consider one or more

- Health Savings Account (HSA)
- Health Care FSA (HCFSA) – full or limited
- Dependent Care FSA (DCFSA)

➤ These are all optional accounts and you are not required to enroll. If you do decide to enroll, the minimum is \$130 annually.

# Dental Plans



## Plan Options

1. Delta Dental Base Plan
2. Delta Dental Enhanced Plan

Both plans use the Premier and PPO networks

Search for providers online at [www.deltadentalmn.org](http://www.deltadentalmn.org)

### Base Plan

Lower premiums  
Lower coverage on select services  
2 cleanings/yr.  
Annual deductible (\$50/\$150)  
Annual maximum \$1,500  
No adult or child ortho coverage

### Enhanced Plan

Higher premiums  
Higher coverage on select services  
4 cleanings/yr.  
Annual deductible (\$25/\$75)  
Annual maximum \$3,000  
Ortho coverage for children under 19



# Vision Plan



Does not cover annual vision eye exam (covered under medical)

Search for providers online at [www.vsp.com](http://www.vsp.com)

Benefit	Description	Frequency
<b>Prescription Glasses</b>	\$25 copay	
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$200 allowance for a wide selection of frames</li> <li>• \$220 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$110 Costco® frame allowance</li> </ul>	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Up to \$50 copay</li> </ul>	Every calendar year

Fairview Optical Shops are not VSP providers but there is a 40% discount if enrolled in a Fairview medical plan. If enrolled in the VSP plan, you may also receive the out of network benefit.

# Life Insurance



## Administered by Securian

- Fairview pays for your basic life insurance based on your employee group.
- You have the option to purchase additional life insurance for:
  - yourself, spouse and/or child
  - may purchase Employee Optional AD&D on yourself
- Cost is based on your age and amount of coverage; rates are available on the My Fairview Benefits website.
- Basic, optional, and spouse life insurance will reduce to 65% at age 70 and to 40% at age 80.
- Evidence of Insurability (EOI) may be required based on your elected coverage amount.

# Life Insurance

## Choose your plan options & assign beneficiaries



### Beneficiary Summary

Please review your beneficiaries listed below under 'Beneficiary Designations' to ensure they are up to date. You may add or edit your beneficiaries at any time.

Your designated beneficiaries are for your basic and optional life insurance. You are the sole beneficiary for any dependent (spouse and child) life insurance that you purchase.

When adding beneficiaries you must complete BOTH of these steps.

1. Add your beneficiary to the list of 'Available Beneficiaries'
2. Go to the Beneficiary Designations section and assign and allocate your beneficiary

You have a benefit without a designated beneficiary

### AVAILABLE BENEFICIARIES

[Add/Update Available Beneficiaries →](#)

	Relationship	SSN / Tax ID	Birth Date
TEST CHILD	Child		10/1/2018
TEST SPOUSE	Spouse	***-**-2065	2/1/1982
CHILD CHILD	Child		10/1/2018

### BENEFICIARY DESIGNATIONS

[Edit Beneficiary Designations →](#)

#### Life Insurance

NO BENEFICIARIES ASSIGNED

**Primary**

**% Alloc**

**Contingent**

**% Allocated**

No primary beneficiaries assigned

No contingent beneficiaries assigned

## Basic Life Insurance

- Designate beneficiar(ies) for life insurance

## Optional Life Insurance

- Employee life
- Spouse life
- Child life
- AD&D

# Disability Insurance




## Short Term Disability (STD) and/or Long Term Disability (LTD)

### Administered by Unum


- Fairview offers employer paid short and long term disability coverage for most employees based on employee group.
- Disability would cover medical and maternity leaves. There is no paid maternity leave.
- MNA RNs and ADIT union employees at Southdale and Riverside have the option to purchase short term disability coverage.
  - EOI will be required outside of new hire enrollment.

# Disability Insurance

*Review or choose your plan options*

<b>Short-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
60% of Salary - \$755	\$0.00 Cost Per Pay Period

<b>Long-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
60% of Salary - \$3,300	\$0.00 Cost Per Pay Period

Done making your Disability elections?

[ADD ALL ITEMS TO CART](#)

<b>Short-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
<b>Your 2019 Plan</b>	
<input checked="" type="radio"/> Waive STD	\$0.00 Cost Per Pay Period
<input type="radio"/> STD Coverage - 60% of Salary - \$996	\$42.29 Cost Per Pay Period

## Disability

- Most employees will only need to click on “Add All Items to Cart.”
- If eligible to purchase, your options will be listed.

# Voluntary Benefits

Administered by  MetLife

Low and High Plans plans offered based on level of payout.

- **Critical Illness**

Pays a tax-free lump sum if you're diagnosed with a defined critical illness

- **Accident**

Pays you benefits when you have an accidental injury

- **Hospital Indemnity**

Pays you benefits when you are confined to a hospital, whether planned or unplanned

- **Group Home and Auto**

Discounted rates available



- **Legal Plan**

- Administered by ARAG
- Access an array of legal services
- Service extends to dependents

- **Identity Theft**  InfoArmor  
an Allstate company

- Administered by InfoArmor
- Identity monitoring and alerts
- Full-service remediation
- Identity theft reimbursement

# Your Cart

HEALTH						
Benefit	Coverage Details	Coverage For	Pre-Tax	Post-Tax	Employer Cost	Your Cost
Medical <a href="#">Change/Review Pre-enrollment questions</a> <a href="#">Change</a>	\$1,500 single/\$3,000 family deductible Preferred Health Narrow Network Plan with HSA	Employee and Spouse and One Child CHRIS, SPOUSE, CHILD <b>Needs Verification</b>	\$650.66	\$0.00	\$528.92	\$121.74
Dental <a href="#">Change</a>	Delta Dental PPO	Employee and Spouse and One Child CHRIS, SPOUSE, CHILD <b>Needs Verification</b>	\$48.64	\$0.00	\$16.48	\$32.16
Vision <a href="#">Change</a>	VSP Vision Plan	Employee and Spouse CHRIS, SPOUSE <b>Needs Verification</b>	\$3.65	\$0.00	\$0.00	\$3.65

- ✓ Verify you have your dependents enrolled
- ✓ Click “Change” to make changes to any of the benefits.
- ✓ Premiums are deducted

You must click the CHECKOUT button before your elections will be processed and your enrollment is complete.


[CHECKOUT →](#)

Health Savings Account <a href="#">Change</a>	Amount: \$6,316		\$1,579.00	\$0.00	\$0.00	\$1,579.00
Limited Purpose Health Care Spending Account <a href="#">Change</a>	Amount: \$130		\$26.00	\$0.00	\$0.00	\$26.00
Dependent Care Spending Account <a href="#">Change</a>	Amount: \$3,000		\$600.00	\$0.00	\$0.00	\$600.00
PROTECTION						
Benefit	Coverage Details	Coverage For	Pre-Tax	Post-Tax	Employer Cost	Your Cost
Optional Life Insurance + AD&D <a href="#">Change</a>	Employee Life - 4x Salary: \$304,000 <i>Pending approval of Employee Life - 7x Salary: \$532,000</i>		\$8.49 <del>\$16.22</del>	\$0.00	\$2.00	\$6.49
Spouse Life Insurance <a href="#">Change</a>	Coverage: Spouse Life Insurance - \$50,000 <i>Pending approval of Coverage: Spouse Life Insurance - \$100,000</i>		\$0.00	\$1.20 <del>\$2.40</del>	\$0.00	\$1.20

You must click “**CHECKOUT**” to finalize your elections.

# Confirmation

## Confirmation



You have successfully purchased your 2019 benefits!  
You have until 11:59 PM CST, December 11, 2019 to revise your elections.

After this date, your elections will be final and cannot be changed until the next Open Enrollment period or you experience a qualifying life event, such as marriage or a birth.

[View and print receipt →](#)


- ✓ Print a copy for your records
- ✓ You have **31 days** to enroll



# Actions Required after Elections

Subject	To Resolve
One or more of your dependents are not yet verified.	<p>You have elected medical, dental and/or vision coverage for your dependent(s) and are required to submit documentation verifying dependent eligibility. You will receive a packet in the mail from Willis Towers Watson to initiate the dependent verification process. You are required to complete the process within 60 days.</p> <p>Dependent coverage will remain active through the verification process. If you do not complete the verification process within 60 days, or if your dependent is deemed not eligible for coverage, your dependent's medical, dental and/or vision coverage will be removed.</p> <p>Please go to the <a href="#">Dependent Verification page</a> to upload documentation to verify your dependents. If you already uploaded the required documentation, please disregard this message.</p> <p>Please contact Willis Towers Watson Dependent Verification Center at 1-866-682-2696 with any questions.</p>
Your life insurance does not have an assigned beneficiary.	Please go to the <a href="#">Beneficiary Summary page</a> and add a beneficiary.

Complete Evidence of Insurability.	<p>You are required to provide Evidence of Insurability (EOI) for the benefit(s) below. If you have multiple benefits displayed for a given year, clicking on any of the links will include all elections requiring EOI for that year. You can also expect to receive an email from Securian containing instructions on how to submit your EOI. If you have already submitted the information to Securian via the link(s) below, please disregard this message. If additional information is required to approve your EOI, Securian will reach out to you directly. Fairview is not involved in the EOI process.</p> <ul style="list-style-type: none"> <li>• <a href="#">EOI required in 2020 for Optional Employee Life Insurance</a></li> </ul>
------------------------------------	--






## Dependent Verification

You must submit documentation proving dependent eligibility for the dependent(s) listed below in order to maintain medical, dental, and/or vision coverage for your dependents. If you do not provide the required documentation for your dependent(s) by the Documentation Due Date, coverage will be terminated for that dependent(s) effective as of the end of the month of the Documentation Due Date.

You can either upload your documents below, or if you choose to mail or fax your documents please print the personalized Dependent Verification form below and submit it along with your documentation. If you are unable to print the forms, please contact the Willis Towers Watson Dependent Verification Center by calling 1-866-682-2696.

**After you submit acceptable documents, a statement confirming your dependents' eligibility will be mailed and emailed to you within 7 to 10 business days of processing all of your dependents. If additional information is required, you will be notified.**

-  [Dependent Verification](#)
-  [Required Documentation Form](#)
-  [Frequently Asked Questions](#)

### DEPENDENTS REQUIRING VERIFICATION

SPOUSE SPOUSE (Spouse) ▼

CHILD CHILD (Child) ▼

## Welcome, Amy

### About me ?

---

**Full legal name**  
AMY

**Date of birth**  
December 12,

### How to reach me

## Good to know...

A volunteer group of employees serve as benefits tutors and are available to assist you with language, technology or benefits barriers.

# Resources



**Employee Service Center representatives can answer your benefits and payroll questions.**

- ✓ Call 612-672-5050 or 877-903-5050
- ✓ Monday-Friday, 8 a.m. – 4:30 p.m.
- ✓ E-mail [esc@fairview.org](mailto:esc@fairview.org)
- [\*\*My Fairview Benefits\*\*](#) website
- You have **31 days** from date of eligibility to enroll.

New Employee  
Welcome

---

**Welcome to Fairview!**

New Employee  
Welcome

---

# Fairview: Your Benefits



EMPLOYEE SERVICE CENTER: 612-672-5050

# Retirement Savings Plans



## Plan Options

- 403(b) Pre-tax and/or Roth after-tax deferrals

## Eligibility

- No authorized hours requirements for employee contributions

## Manage Your Account

- [Netbenefits.com/Fairview](https://www.netbenefits.com/Fairview) or by phone; 1-800-343-0860
- Deduction percentage
- Investment elections
- Beneficiary designations

# Retirement Savings Plans

## Employee Contributions – All Employees

- Contribute up to 85% of eligible salary to annual maximum of \$19,500 (\$26,000 if age 50+)
- **Automatic enrollment at 3% contribution level following 30 days of employment**
  - Excludes: MNA at Southdale and Riverside, Local 113 Twin Cities Service Workers, and Local 70 Engineers

## Employer Match Contribution

- Contributions matched 50% up to 6% (i.e. 3% maximum match)
- Contributions made bi-weekly

# Retirement Savings Plans

## Employer Discretionary Base Contribution

### 1. **First, meet initial eligibility:**

Be age 21 and have worked 1,000 hours by first anniversary of employment (non-contract and some eligible contract groups).

### 2. **Then meet contribution eligibility:**

Worked at least 1,000 hours annually (Jan-Dec) and employed on Dec. 31st

### 3. **If ALL eligibility is met:**

Eligible to receive contribution of 3% on eligible wages earned after initial eligibility. Eligibility is measured each calendar year and a contribution, if earned, is made annually.

**Union employees should refer to the union contract for any match, discretionary base and vesting details.**



# Retirement Savings Plans

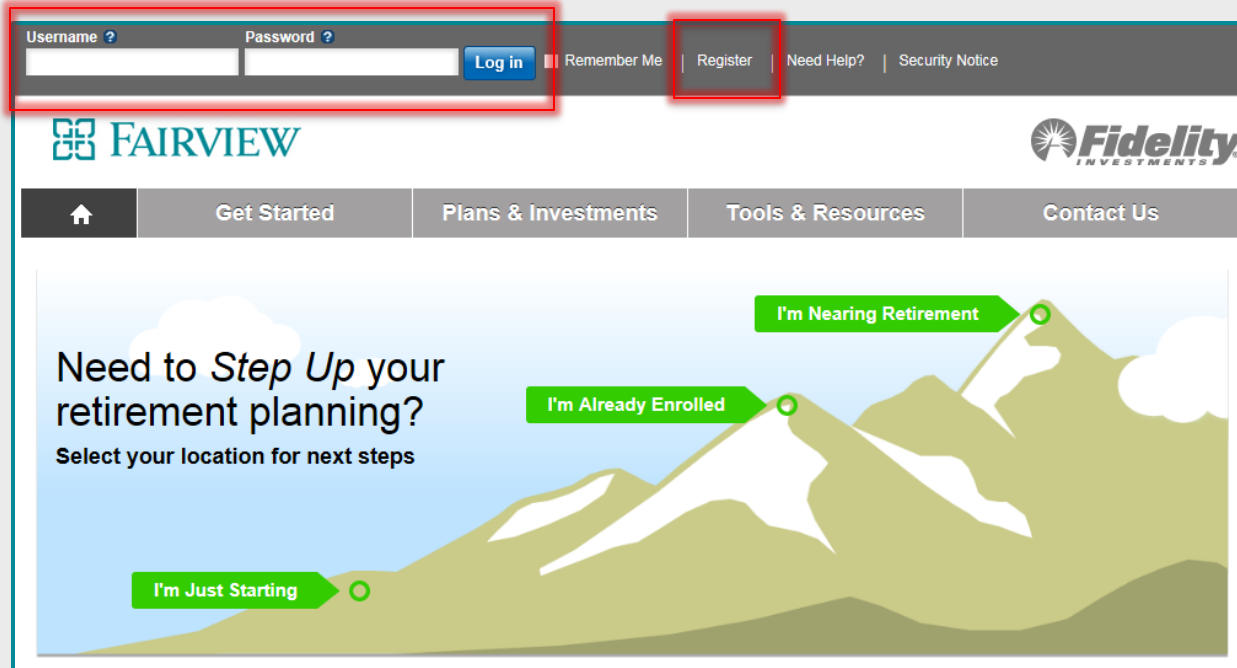


## Vesting Schedule for Employer Contributions

Must work 1,000 hours per payroll calendar year to earn 1 year of vesting credit.

- ✓ 1 year = 30%
- ✓ 2 years = 60%
- ✓ 3 years = 100%

# Retirement Savings Plans



## Log-in/Register

- Change deduction / Opt-out
- Investments
- Beneficiary designations

## Rollovers

- Contact Fidelity

**Netbenefits.com/Fairview**  
**1-800-343-0860**

---

# Fairview: Your Benefits



EMPLOYEE SERVICE CENTER: 612-672-5050 OR [ESC@FAIRVIEW.ORG](mailto:ESC@FAIRVIEW.ORG)

# Health & Welfare Benefits

## Enrollment

- You will receive an email when you are able to enroll online.
- Access is typically available starting Thursday afternoon after first day of employment.
- You have **31 days** from date of hire to enroll.
- Choose carefully; unless you have a qualifying life event you cannot make changes until Open Enrollment.

## Effective Date

- New Hire: effective date based on your employee group and may be different for each benefit.

# Health & Welfare Benefits

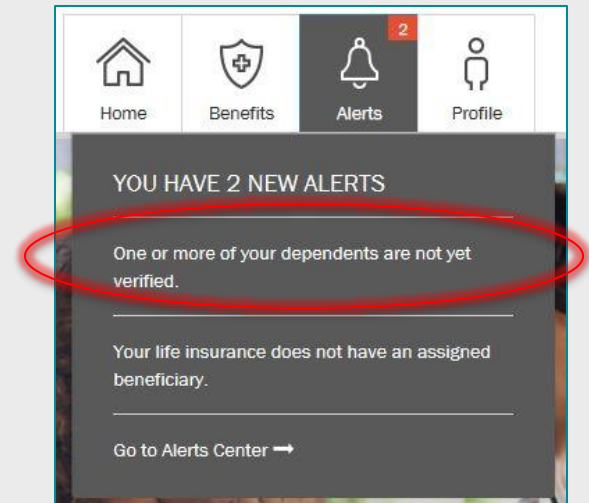
## Benefit Premiums

- Cost for each benefit is deducted from your bi-weekly paycheck
- Deductions are taken the paycheck following your effective date for each benefit
- Cost/Premiums can be found on:
  - My Fairview Benefits enrollment website
  - My Total Rewards link (sent by your recruiter or manager)
- Medical and Dental Premiums are based on:
  - How many dependents you cover (4 different tiers)
  - What plan you choose
  - Your FTE– noncontract employees only (some exceptions apply)
  - Applies to medical premiums only: Your tobacco status

# Dependent Verification

Willis Towers Watson manages the dependent verification process.

- Required to provide documentation to show that the dependent(s) you enrolled are eligible for coverage.
- You have **60 days** from the date of enrollment to provide documentation or your dependent(s) coverage will be terminated.
- Documents can be uploaded to the website, mailed or faxed to Willis Towers Watson.
- Complete your enrollment before you verify your dependents



# My Fairview Benefits

## Login Page

- Fairview Intranet -> Benefits & Services -> My Fairview Benefits
- Multi-factor authentication must be completed to access from home
- Enter your Fairview email and password

A screenshot of the Fairview login page, enclosed in a dark teal border. The page features the Fairview logo (a stylized 'F' icon) and the text 'FAIRVIEW' in teal. Below the logo, the text 'Sign in' is displayed in a bold, dark grey font. A text input field contains the placeholder text 'someone@example.com'. Below the input field, there is a horizontal line. Underneath the line, the text 'Can't access your account?' is displayed in a blue, clickable font. Below that, the text 'Sign-in options' is displayed in a blue, clickable font. At the bottom of the page, there are two buttons: a grey 'Back' button and a blue 'Next' button.

# My Fairview Benefits

## Benefit Enrollment Page

This is an optional vision plan through VSP that offers member discounts with a broad network of providers. Annual eye exams are not covered under VSP but will continue to be covered under your medical plan. To search for providers, go to the [VSP website](#). For more plan information, click on the links below located in the menu box on the left.

### Coverage Level



Employee Only:

AMY

[Update](#) →

Annual Premium:

\$44.04



VSP Vision Plan

**\$1.69**

Cost Per Pay  
Period

[Learn more about VSP Vision Plan](#)

[ADD TO CART](#)

### Decline Coverage

I want to decline vision coverage



[Vision Summary](#)

[Premium Rates](#)

- **Coverage Level** – ensure dependents are listed
- **Additional Resources** – links to summaries, rates, and FAQs
- **Link to vendor sites**



# Medical Insurance

## Plan Options

- Three Copay Plans
- Two High Deductible Plans with HSA option
- Insurance carrier is PreferredOne for all plans

## Twin Cities MNA Nurses

- Three additional plans if you are at Southdale or Riverside
- Two additional plans if you are at Bethesda, St. Johns and St. Josephs

## All Plans Cover

- Preventive services covered at 100% at in-network providers
- One annual eye exam covered at 100% at in-network providers
- Emergency services in and out of network

# Medical Insurance

## Networks

Search for providers at [www.preferredone.com/fairview](http://www.preferredone.com/fairview)

### **PreferredHealth Network**

- Fairview/HealthEast Hospitals and Clinics
- University of Minnesota Physicians
- Fairview Physician Associates
- Entira and Vibrant Clinics
- North Memorial Hospital and Clinics
- Children's Hospitals and Clinics

### **Open Access 200 Network**

- Providers include members of the PreferredHealth Network as well as other local providers (Allina, Mayo, etc.)

# Medical Insurance

## Networks

Search for providers at [www.preferredone.com/fairview](http://www.preferredone.com/fairview)

### Out Of Network

- No coverage in the Exclusive Provider Plan (except ER)
- Deductibles double
- Out of pocket maximums double
- Coinsurance is 50%

### Aetna Signature Administrators Network - Travel

Search for providers at <https://www.preferredone.com/aetna/asa/>

- If traveling outside of the state, use an Aetna provider and receive in network benefits.
- Not available in the Exclusive Provider Plan

# Medical Insurance

## Copay Plan Options

1. PreferredHealth Copay Plan
2. Open Access Copay Plan
3. Exclusive Provider Plan – no out of network coverage

## Features

- Lower deductibles / higher premiums
- Copays for certain services like office visits/ER/urgent care
  - Copays cover any services done within the office visit
- Deductible and coinsurance for hospitalization
  - Must pay deductible amount before plan pays for any services
  - After deductible is met, the coinsurance must be paid (%)
- Copays for some prescription drug coverage

# Medical Insurance

## Copay Plan Options

	PreferredHealth Copay	Open Access Copay	Exclusive Provider
<b>Network</b>	PreferredHealth	Open Access 200	PreferredHealth
<b>Deductible—single/family</b>	\$400/\$800	\$600/\$1,200	\$0/\$0
<b>Deductible/OOP Type</b>	Embedded	Embedded	Embedded
<b>Out-of-Pocket Maximum—single/family</b>	\$2,500/\$5,000	\$3,500/\$7,000	\$2,500/\$5,000
<b>Coinsurance (plan pays)</b>	85%	75%	100%
<b>Primary Care Office Visit</b>	\$30 copay	\$30 copay	\$30 copay
<b>Specialist Office Visit / Urgent Care</b>	\$60 copay	\$60 copay	\$60 copay
<b>Emergency Room</b>	\$150 copay	\$150 copay	\$150 copay
<b>Hospital Stay</b>	Deduct / Co-ins	Deduct / Co-ins	100%, no deduct

# Medical Insurance

## High Deductible Plan Options (with HSA option)

1. PreferredHealth High Deductible Plan
2. Open Access High Deductible Plan

## Features

- Higher deductibles / lower premiums
- Employee pays out of pocket for all services until deductible is met, this includes prescription drug coverage
- Coinsurance – plan pays percentage after the deductible is met
- Can contribute to a Health Savings Account (HSA) and may be eligible to receive an employer match contribution

# Medical Insurance

## High Deductible Plan Options (with HSA option)

	Preferred Health High Deductible	Open Access High Deductible
<b>Network</b>	Preferred Health	Open Access 200
<b>Fairview HSA Contribution – single/family</b>	up to \$500/\$1,000	up to \$500/\$1,000
<b>Deductible – single/family</b>	\$2,000/\$4,000	\$2,500/\$5,000
<b>Deductible Type</b>	Non-embedded	Non-embedded
<b>Out-of-Pocket Maximum – single/family</b>	\$4,000/\$8,000	\$5,000/\$10,000
<b>Out-of-Pocket Type</b>	Embedded	Embedded
<b>Coinsurance</b>	85%	75%

# Health Savings Account (HSA)



- Set aside pretax money to fund current and future health expenses
- Tax advantages: pretax contribution, tax-free interest, tax-free distribution
- Portable, roll over any unused balances year to year
- Must participate in a qualified high deductible health plan
- Required to complete an eligibility questionnaire
- Fairview matches your contribution up to \$500 individual / \$1,000 family (this annual contribution is divided over 26 pay periods) – must contribute in order to receive match
- Combined employee and employer contributions cannot exceed IRS annual maximum of \$3,550/single \$7,100/family. Limits are increased by \$1,000 if eligible for 55 or older catch-up contributions.
- Dollars need to be in the account in order to be used



# Spending Accounts



## Health Care Flexible Spending Account (HCFSA)

- Set aside pretax money (\$130-\$2,700 per year) to pay for medical expenses for you and your eligible dependents.
- Use it or lose it account – but can roll over up to \$500 into next plan year
- IRS requires itemized receipts for all claims. If substantiation is not provided, your card will be suspended.
- Your annual election is available on your effective date
- Download **VIA Benefits app** to easily upload receipts, track balance, etc.
- If enroll in an HSA, you may enroll in a ‘limited purpose’ spending account (dental and vision expenses only).

# Spending Accounts



## Dependent Care Flexible Spending Account (DCFSA)

- Set aside pretax money, \$130-\$5,000 per year per household
- Help pay for day care or child care expenses for your dependents under the age of 13.
- Use it or lose it account (by end of plan year).
- VIA Benefits will mail you a card if enrolled.

# Saving and Spending Accounts to-do:

## What Works for You?

Elect an Amount

Annual Contribution Amount	\$ 2,000	Contribute Max Amount	\$76.92
- Year-to-date Amount (estimated)	\$0.00		Cost Per Pay Period
= Remaining Amount	\$2,000.00		
÷ Remaining Pay Periods	26		
= Cost Per Pay Period	\$76.92		

ADD TO CART

### Consider one or more

- Health Savings Account (HSA)
- Health Care FSA (HCFSA) – full or limited
- Dependent Care FSA (DCFSA)

➤ These are all optional accounts and you are not required to enroll. If you do decide to enroll, the minimum is \$130 annually.

# Dental Plans



## Plan Options

1. Delta Dental Base Plan
2. Delta Dental Enhanced Plan

Both plans use the Premier and PPO networks

Search for providers online at [www.deltadentalmn.org](http://www.deltadentalmn.org)

### Base Plan

Lower premiums  
Lower coverage on select services  
2 cleanings/yr.  
Annual deductible (\$50/\$150)  
Annual maximum \$1,500  
No adult or child ortho coverage

### Enhanced Plan

Higher premiums  
Higher coverage on select services  
4 cleanings/yr.  
Annual deductible (\$25/\$75)  
Annual maximum \$3,000  
Ortho coverage for children under 19

# Vision Plan



Does not cover annual vision eye exam (covered under medical)

Search for providers online at [www.vsp.com](http://www.vsp.com)

Benefit	Description	Frequency
<b>Prescription Glasses</b>	\$25 copay	
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$200 allowance for a wide selection of frames</li> <li>• \$220 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$110 Costco® frame allowance</li> </ul>	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Up to \$50 copay</li> </ul>	Every calendar year

Fairview Optical Shops are not VSP providers but there is a 40% discount if enrolled in a Fairview medical plan. If enrolled in the VSP plan, you may also receive the out of network benefit.

# Life Insurance



## Administered by Securian

- Fairview pays for your basic life insurance based on your employee group.
- You have the option to purchase additional life insurance for:
  - yourself, spouse and/or child
  - may purchase Employee Optional AD&D on yourself
- Cost is based on your age and amount of coverage; rates are available on the My Fairview Benefits website.
- Basic, optional, and spouse life insurance will reduce to 65% at age 70 and to 40% at age 80.
- Evidence of Insurability (EOI) may be required based on your elected coverage amount.

# Life Insurance

## Choose your plan options & assign beneficiaries



### Beneficiary Summary

Please review your beneficiaries listed below under 'Beneficiary Designations' to ensure they are up to date. You may add or edit your beneficiaries at any time.

Your designated beneficiaries are for your basic and optional life insurance. You are the sole beneficiary for any dependent (spouse and child) life insurance that you purchase.

When adding beneficiaries you must complete BOTH of these steps.

1. Add your beneficiary to the list of 'Available Beneficiaries'
2. Go to the Beneficiary Designations section and assign and allocate your beneficiary

You have a benefit without a designated beneficiary

#### AVAILABLE BENEFICIARIES

Add/Update Available Beneficiaries →

	Relationship	SSN / Tax ID	Birth Date
TEST CHILD	Child		10/1/2018
TEST SPOUSE	Spouse	***-**-2065	2/1/1982
CHILD CHILD	Child		10/1/2018

#### BENEFICIARY DESIGNATIONS

Edit Beneficiary Designations →

##### Life Insurance

NO BENEFICIARIES ASSIGNED

**Primary**

**% Alloc**

**Contingent**

**% Allocated**

No primary beneficiaries assigned

No contingent beneficiaries assigned

### Basic Life Insurance

- Designate beneficiar(ies) for life insurance

### Optional Life Insurance

- Employee life
- Spouse life
- Child life
- AD&D

# Disability Insurance



## Short Term Disability (STD) and/or Long Term Disability (LTD)


### Administered by Unum

- Fairview offers employer paid short and long term disability coverage for most employees based on employee group.
- Disability would cover medical and maternity leaves. There is no paid maternity leave.
- MNA RNs and ADIT union employees at Southdale and Riverside have the option to purchase short term disability coverage.
  - EOI will be required outside of new hire enrollment.




# Disability Insurance

*Review or choose your plan options*

<b>Short-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
60% of Salary - \$755	\$0.00 Cost Per Pay Period

<b>Long-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
60% of Salary - \$3,300	\$0.00 Cost Per Pay Period

Done making your Disability elections?

[ADD ALL ITEMS TO CART](#)

<b>Short-Term Disability</b>	
<b>Benefit Choices</b>	<b>Cost</b>
<b>Your 2019 Plan</b>	
<input checked="" type="radio"/> Waive STD	\$0.00 Cost Per Pay Period
<input type="radio"/> STD Coverage - 60% of Salary - \$996	\$42.29 Cost Per Pay Period

## Disability

- Most employees will only need to click on “Add All Items to Cart.”
- If eligible to purchase, your options will be listed.

# Voluntary Benefits

Administered by  MetLife

Low and High Plans plans offered based on level of payout.

- **Critical Illness**

Pays a tax-free lump sum if you're diagnosed with a defined critical illness

- **Accident**

Pays you benefits when you have an accidental injury

- **Hospital Indemnity**

Pays you benefits when you are confined to a hospital, whether planned or unplanned

- **Group Home and Auto**

Discounted rates available



- **Legal Plan**

- Administered by ARAG
- Access an array of legal services
- Service extends to dependents

- **Identity Theft**  InfoArmor  
an Allstate company

- Administered by InfoArmor
- Identity monitoring and alerts
- Full-service remediation
- Identity theft reimbursement

# Your Cart

HEALTH						
Benefit	Coverage Details	Coverage For	Pre-Tax	Post-Tax	Employer Cost	Your Cost
Medical <a href="#">Change/Review Pre-enrollment questions</a> <a href="#">Change</a>	\$1,500 single/\$3,000 family deductible Preferred Health Narrow Network Plan with HSA	Employee and Spouse and One Child CHRIS, SPOUSE, CHILD <b>Needs Verification</b>	\$650.66	\$0.00	\$528.92	\$121.74
Dental <a href="#">Change</a>	Delta Dental PPO	Employee and Spouse and One Child CHRIS, SPOUSE, CHILD <b>Needs Verification</b>	\$48.64	\$0.00	\$16.48	\$32.16
Vision <a href="#">Change</a>	VSP Vision Plan	Employee and Spouse CHRIS, SPOUSE <b>Needs Verification</b>	\$3.65	\$0.00	\$0.00	\$3.65

- ✓ Verify you have your dependents enrolled
- ✓ Click “Change” to make changes to any of the benefits.
- ✓ Premiums are deducted

You must click the CHECKOUT button before your elections will be processed and your enrollment is complete.


[CHECKOUT →](#)

Health Savings Account <a href="#">Change</a>	Amount: \$6,316		\$1,579.00	\$0.00	\$0.00	\$1,579.00
Limited Purpose Health Care Spending Account <a href="#">Change</a>	Amount: \$130		\$26.00	\$0.00	\$0.00	\$26.00
Dependent Care Spending Account <a href="#">Change</a>	Amount: \$3,000		\$600.00	\$0.00	\$0.00	\$600.00
PROTECTION						
Benefit	Coverage Details	Coverage For	Pre-Tax	Post-Tax	Employer Cost	Your Cost
Optional Life Insurance + AD&D <a href="#">Change</a>	Employee Life - 4x Salary: \$304,000 <i>Pending approval of Employee Life - 7x Salary: \$532,000</i>		\$8.49 <del>\$16.22</del>	\$0.00	\$2.00	\$6.49
Spouse Life Insurance <a href="#">Change</a>	Coverage: Spouse Life Insurance - \$50,000 <i>Pending approval of Coverage: Spouse Life Insurance - \$100,000</i>		\$0.00	\$1.20 <del>\$2.40</del>	\$0.00	\$1.20

You must click “**CHECKOUT**” to finalize your elections.

# Confirmation

## Confirmation



You have successfully purchased your 2019 benefits!  
You have until 11:59 PM CST, December 11, 2019 to revise your elections.

After this date, your elections will be final and cannot be changed until the next Open Enrollment period or you experience a qualifying life event, such as marriage or a birth.


[View and print receipt →](#)

- ✓ Print a copy for your records
- ✓ You have **31 days** to enroll

# Actions Required after Elections

Subject	To Resolve
One or more of your dependents are not yet verified.	<p>You have elected medical, dental and/or vision coverage for your dependent(s) and are required to submit documentation verifying dependent eligibility. You will receive a packet in the mail from Willis Towers Watson to initiate the dependent verification process. You are required to complete the process within 60 days.</p> <p>Dependent coverage will remain active through the verification process. If you do not complete the verification process within 60 days, or if your dependent is deemed not eligible for coverage, your dependent's medical, dental and/or vision coverage will be removed.</p> <p>Please go to the <a href="#">Dependent Verification page</a> to upload documentation to verify your dependents. If you already uploaded the required documentation, please disregard this message.</p> <p>Please contact Willis Towers Watson Dependent Verification Center at 1-866-682-2696 with any questions.</p>
Your life insurance does not have an assigned beneficiary.	Please go to the <a href="#">Beneficiary Summary page</a> and add a beneficiary.

Complete Evidence of Insurability.	<p>You are required to provide Evidence of Insurability (EOI) for the benefit(s) below. If you have multiple benefits displayed for a given year, clicking on any of the links will include all elections requiring EOI for that year. You can also expect to receive an email from Securian containing instructions on how to submit your EOI. If you have already submitted the information to Securian via the link(s) below, please disregard this message. If additional information is required to approve your EOI, Securian will reach out to you directly. Fairview is not involved in the EOI process.</p> <ul style="list-style-type: none"> <li>EOI required in 2020 for Optional Employee Life Insurance</li> </ul>
------------------------------------	--






## Dependent Verification

You must submit documentation proving dependent eligibility for the dependent(s) listed below in order to maintain medical, dental, and/or vision coverage for your dependents. If you do not provide the required documentation for your dependent(s) by the Documentation Due Date, coverage will be terminated for that dependent(s) effective as of the end of the month of the Documentation Due Date.

You can either upload your documents below, or if you choose to mail or fax your documents please print the personalized Dependent Verification form below and submit it along with your documentation. If you are unable to print the forms, please contact the Willis Towers Watson Dependent Verification Center by calling 1-866-682-2696.

**After you submit acceptable documents, a statement confirming your dependents' eligibility will be mailed and emailed to you within 7 to 10 business days of processing all of your dependents. If additional information is required, you will be notified.**

-  [Dependent Verification](#)
-  [Required Documentation Form](#)
-  [Frequently Asked Questions](#)

### DEPENDENTS REQUIRING VERIFICATION

SPOUSE SPOUSE (Spouse) ▼

CHILD CHILD (Child) ▼

## Welcome, Amy

### About me ?

---

**Full legal name**  
AMY

**Date of birth**  
December 12,

### How to reach me

## Good to know...

A volunteer group of employees serve as benefits tutors and are available to assist you with language, technology or benefits barriers.

# Resources



**Employee Service Center representatives can answer your benefits and payroll questions.**

- ✓ Call 612-672-5050 or 877-903-5050
- ✓ Monday-Friday, 8 a.m. – 4:30 p.m.
- ✓ E-mail [esc@fairview.org](mailto:esc@fairview.org)
- [My Fairview Benefits](#) website
- You have **31 days** from date of eligibility to enroll.

New Employee  
Welcome

---

**Welcome to Fairview!**