



2021 | BENEFIT RESOURCE GUIDE



QUESTIONS?

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WHAT IS NEW IN 2021?

The following changes are effective January 1, 2021:

- Medical
 - Moving the medical plan from HealthPartners to Medica
 - TPT will be using the Passport Network (largest network) which includes access to the Mayo Clinic Health System.
 - Adding a co-pay of \$25 for office visits to the \$500-\$25-25% plan. The three for free feature will no longer be available.
- TPA Administration – Moving from Alerus to Flores & Associates
 - Flexible Spending Account Administration
 - COBRA Administration
- Health Savings Account (HSA) – The IRS contribution limits are increasing for 2021
 - Employee Only: \$3,600
 - Family: \$7,200
 - Catch up contribution for those age 55+: \$1,000
- Worksite Plans – Unum is making the following changes in 2021
 - Critical Illness
 - Eliminating the \$20,000 benefit option. Individuals enrolled in this option will automatically transfer to the \$10,000 benefit option.
 - Hospital Indemnity
 - The rate structure is changing from age-banded to composite: Employee, Employee & Spouse, Employee & Children, and Family rates.

The information in this Benefit Resource Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Benefits at a Glance

Twin Cities PBS offers a competitive benefit program that is reviewed annually to ensure it meets the needs of our diverse employee base. See the chart below for a quick look at the information provided in this Benefit Resource Guide. Then, go to each specific section for more detailed information.

Page	Benefit Plan	Options
4	General Plan Information	Information on eligibility, how to enroll, when and how you can make changes
5	Medical	You have three options: <ul style="list-style-type: none"> • Passport 20%-\$30 • Passport \$500-\$25-25% • Passport \$2,000-0% HSA
8	Health Savings Account	Pre-tax savings account for high deductible health plan participants
9	Medical Flexible Spending Account	Pre-tax account used to pay for eligible health care expenses
	Limited Flexible Spending Account	Additional Pre-tax account for HSA participants used to pay for eligible Dental and Vision expenses
10	Dependent Care Flexible Spending Account	Pre-tax account used to pay for eligible dependent day care expenses
11	Dental	Dental plan with in-network and out-of-network coverage for preventive, basic and major services, as well as orthodontia for dependent children
12	Vision	Vision plan provides coverage for lenses, frames and/or contacts
13	Life and AD&D	Twin Cities PBS provides full time employees with coverage equal to two times your annual salary plus \$20,000, up to a maximum of \$500,000.
	Voluntary Life and AD&D	You may purchase additional coverage for yourself, your spouse, and/or your children
14	Travel AD&D Insurance	Additional accidental death and dismemberment coverage for business travel
	Short and Long Term Disability	STD and LTD benefits that continue a portion of your income due to a disability
15	401(k)	Retirement savings plan
15	Elective Programs	Vacation Buy / Metro Transit Discounts / TPT Membership
16	Additional Benefits	Referral Incentive Program / Vacation / Sick Leave / Holiday
17	Legal Shield and Identity Theft	You may purchase coverage for yourself or your family
18	Worksite Benefits	Critical Illness / Accident / Hospital Indemnity / Long Term Care
24	Value Added Services	Wellness Discounts / EAP / Travel Assistance / Identify Theft Protection
26	Important Notices	- Special Enrollment Rights / Newborns' and Mothers' Health Protection Act / Women's Health and Cancer Rights Act of 1998 / Children's Health Insurance Program (CHIP) / Notice of Privacy Practices / MNSure Exchange Notice
26	Enrollment Instructions	- UltiPro
Back Cover	Important Resources	Listing of the resources available to answer questions or provide information about your benefits

General Plan Information

As a Twin Cities PBS employee, you have a variety of benefit options to choose from. This Benefit Resource Guide provides an overview of the plans available to you to help you make informed enrollment decisions. Please review this Benefit Resource Guide, share it with your family and keep it for future reference.

ELIGIBILITY

You are eligible to participate in the Twin Cities PBS benefit program on the first of the month following 30 days after your date of hire if you are an active full-time employee. Spouses (opposite- and same-sex) and children (up to age 26) are eligible for most benefits as outlined in the chart below.

	Full-time (20+ hours per week)	Spouse	Child
Medical	✓ Eligible at 30+ hours per week	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Basic Life Insurance and AD&D	✓		
Voluntary Life Insurance and AD&D	✓	✓	✓
Health Savings Account	✓	✓	✓ tax dependent
Medical Flexible Spending Accounts	✓	✓	✓
Dependent Care Flexible Spending Accounts	✓		✓
Worksite Benefits – Critical Illness, Accident, Hospital Indemnity and Long Term Care	✓	✓	✓

CHANGING YOUR ELECTIONS DURING THE YEAR

The benefit elections you make during your initial or annual enrollment remain in effect for the entire calendar year due to IRS regulations. You are, however, allowed to modify your elections in certain situations, called “qualifying life events.” If you experience a qualifying life event, you may make changes to your benefits within 30 days of the event.

A qualifying life event includes a change in:

- **Legal marital status** – marriage, death of spouse, divorce, legal separation, or annulment
- **Number of dependents** – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child
- **Employment status** – eligible dependent gains or loses access to employer-sponsored coverage
- **Dependent status** – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan
- **Medicare or Medicaid eligible status** – you or your spouse become Medicare or Medicaid eligible.

Any benefit changes must be consistent with the life event you or your family member experienced. The new election becomes effective as of the date of the change in status or loss of coverage, whichever comes later.

Medical Insurance

MEDICA

The cornerstone of Twin Cities PBS' benefits package is medical coverage. Whether you are facing an illness or injury, or simply utilize preventive care, the company offers comprehensive protection against the financial hardship that can accompany a medical need. Read this section to determine which option best meets the needs of you and your eligible dependents.

MEDICAL PLAN CHOICES

Twin Cities PBS offers three medical plan options. All options provide high-quality, affordable medical care, including preventive care, doctor's visits, hospitalization, and emergency care. However, each plan has unique characteristics and advantages. The plans are offered through Medica, a non-profit organization providing health coverage to approximately 1.5 million members.

Your choices include:

- Passport 20%-\$30
- Passport \$500-\$25-25%
- Passport \$2,000-0% HSA Preventive Rx

PRESCRIPTION DRUG COVERAGE

Note on the \$2,000-0% HSA Preventive Rx Plan

The HSA Preventive Maintenance Drug Benefit allows you to receive preventive medications at no cost. Preventive medications are defined as those medications taken by a person who has developed risk factors for a health condition, or to prevent a previous health condition from showing up again. To qualify for the HSA preventive benefit, the maintenance medication must be prescribed for the condition (category) in which it is listed on Medica's Preventive Drug List. The full list is available on the Medica website at www.medica.com.

All medical plans offer:

- Coverage for the same health care services
- In-network preventive care services at 100% with no deductible or copay
- Higher level of benefit reimbursement when seeing a participating network provider
- An annual out-of-pocket maximum
- Prescription drug coverage

YOUR NETWORK

It is in your best interest to seek providers who are in-network. If you see a provider that is not in your Medica network, your costs will be significantly higher because you will receive a lower coverage amount under your benefit plan – and your share of the costs will be based on the provider's full charges rather than the discounted rate Medica negotiates with network providers. **In addition, the costs above the usual and customary (U&C) rate are not subject to the out-of-pocket maximum.** This means that once the total of your out-of-network U&C charges reach your out-of-pocket maximum, the plan will pay 100% of the remaining U&C charges, but you will continue to pay the full cost of any charges above U&C.

Your medical plan uses the following **network**:

Medica Choice Passport Network

This is Medica's largest, national network. You have access to more than 715,000 providers and more than 5,400 hospitals across the U.S. For care received within the Medica service area, you have the Medica Choice Passport open access network. For care received outside of the Medica service area (students, while traveling, etc.) you have access to the UnitedHealthcare national network. You are free to see any provider in the Medica network – without a referral – and you are not required to select a primary care clinic. The Mayo Clinic Health System is included as part of this network.

REMINDER: For additional information regarding your medical plans, visit www.medica.com. Here you will be able to find a doctor or pharmacy in the Passport Network, or simply review what each plan offers while exploring some of the value-added benefits that Medica offers.

BENEFIT SUMMARY

This is a summary of your benefits, not a complete listing. Please see your Summary of Benefits and Coverage (SBC) for additional details. **NOTE:** All medical plans provide **creditable** drug coverage.

IN-NETWORK	Passport 20%-\$30 Plan	Passport \$500-\$25-25%	Passport \$2,000-0% Preventive Rx
Deductible	None None	\$500 per person \$1,500 per family	\$2,000 per person \$4,000 per family
Out-of-Pocket Maximum	\$2,000 per person \$6,000 per family	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family
PREVENTIVE CARE – ROUTINE			
Well-child, adult physical and eye exams / immunizations	100% coverage	100% coverage	100% coverage
PHYSICIAN SERVICES			
Physician and specialist visits; urgent care	\$30 co-pay	\$25 co-pay	You pay 0% after deductible
Convenience care	\$15 co-pay	\$10 co-pay	You pay 0% after deductible
Virtuwell	\$15 co-pay	\$10 co-pay	You pay 0% after deductible
X-rays & Imaging	You pay 20%	You pay 25% after deductible	You pay 0% after deductible
HOSPITAL SERVICES			
Inpatient / Outpatient Hospitalization	You pay 20%	You pay 25% after deductible	You pay 0% after deductible
EMERGENCY SERVICES			
Emergency room	\$200 co-pay	You pay 25% after deductible	You pay 0% after deductible
Ambulance	You pay 20%	You pay 25% after deductible	You pay 0% after deductible
MENTAL HEALTH / CHEMICAL DEPENDENCY			
Inpatient	You pay 20%	You pay 25% after deductible	You pay 0% after deductible
Outpatient	\$30 co-pay	\$25 co-pay	You pay 0% after deductible
PHARMACY (on Medica's formulary)			
Retail – up to 31-day supply	Generic: \$12 Preferred Brand: \$35 Non-preferred Brand: \$50	Generic: \$12 Preferred Brand: \$35 Non-preferred Brand: \$50	You pay 0% after deductible Preventive Rx: You pay 0% deductible does not apply
Mail Order – up to 93-day supply	Generic: \$24 Preferred Brand: \$70 Non-preferred Brand: \$100	Generic: \$24 Preferred Brand: \$70 Non-Preferred Brand: \$100	You pay 0% after deductible Preventive Rx: You pay 0% deductible does not apply
Specialty – up to 31-day supply from designated specialty pharmacy	Preferred: You pay 20% up to \$200 maximum Non-preferred: You pay 40%	Preferred: You pay 20% up to \$200 maximum Non-preferred: You pay 40%; deductible does not apply	You pay 0% after deductible
OUT-OF-NETWORK	Passport 20%-\$30 Plan	Passport \$500-\$25-25%	Passport \$2,000-0% Preventive Rx
Deductible	\$200 per person / \$600 per family	\$1,500 per person / \$3,000 per family	\$4,000 per person \$8,000 per family
Out-of-Pocket Maximum	\$3,500 per person / \$10,500 per family	\$5,000 per person	\$8,000 per person \$16,000 per family
Coinsurance	You pay 35% after deductible	You pay 50% after deductible	You pay 50% after deductible

Visit www.medica.com to view your Summary of Benefits and Coverage and much more.

PRESCRIPTION DRUG COVERAGE

Pharmacy Benefit Manager – Express Scripts (ESI)

Medica partners with Express Scripts, Inc. (ESI) as the pharmacy benefit manager (PBM) for health plans across all of Medica’s segments. Tools and resources are available on www.mymedica.com, as well as a mobile app, that makes it easy for you to check drug costs, locate pharmacies and view your prescription history.

Covered drugs are shown on the **Medica Preferred Drug List**, which is comprised of drugs that provide the most value and have proven safety and effectiveness.

How you pay for your prescriptions will vary by your plan choice and where you fill your prescription.

- **90-Day Refill Option** – For ongoing medications, you can get up to a 90-day supply at one time from a participating pharmacy. You will pay three retail copayments or coinsurance amounts (depending on your plan) and get the convenience of saving trips to the pharmacy.
- **Mail Order Pharmacy** – ESI Service Pharmacy is Medica’s prescription mail order provider. Mail order provides the convenience of receiving a 3-month supply mailed directly to your home. Before deciding if mail order is right for you, compare prices using the Medica Price a Medication tool available on www.mymedica.com.
- **Specialty Pharmacy** – Medica partners with Accredo to provide specialty pharmacy services. These medicines treat health care conditions like cancer, hepatitis, multiple sclerosis and rheumatoid arthritis. Medications considered “specialty” drugs must be filled through an approved specialty pharmacy or there will be no coverage. You can contact Accredo by phone at 1-877-ACCREDITO (222-7336) or access their website: www.accredo.com

COST OF MEDICAL COVERAGE

Twin Cities PBS contributes to your premium. Rates are shown on a per-pay period basis and are effective January 1, 2021:

	PASSPORT NETWORK	
	Employee Contribution	Total
Plan / Tier	Per Pay Period (26)	Monthly Premium
Passport 20%-\$30 Plan		
Employee	\$89.62	\$819.18
Family	\$302.55	\$2,055.52
Passport \$500-\$25-25%		
Employee	\$68.81	\$774.09
Family	\$250.34	\$1,942.40
Passport \$2,000-0% Preventive Rx		
Employee	\$51.35	\$736.26
Family	\$206.52	\$1,847.46

Health Savings Account (HSA)



If you enroll in the \$2,000-0% HSA Preventive Rx Plan, you can contribute to an HSA on a pre-tax basis through payroll deduction. Annual contributions are limited by federal law depending on the level of health coverage you elect. You can start, stop or change your HSA contribution at any time during the year.

ELIGIBILITY

Because of the tax-advantaged nature of an HSA, there are specific eligibility requirements, including:

- You may NOT be covered by another non-HDHP health plan (for example, a spouse's traditional medical plan that covers you).
- You and your spouse may NOT enroll in a medical Flexible Spending Account that could reimburse your medical expenses. Participation in a limited Flexible Spending Account that covers only dental and vision expenses is allowed.
- You may NOT be enrolled in a government health plan, such as Medicare A and/or B or Medicaid.
- Children who are NOT your tax dependents are not eligible for reimbursement from the HSA.
- You may NOT have an HSA and be claimed as a dependent on someone else's tax return.

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

Coverage Level	Annual Maximum Contribution	Catch-Up Contribution if Age 55+
Employee	\$3,600	\$1,000
Family	\$7,200	\$1,000

NOTE: If you are married and your spouse is also enrolled in a HDHP through his/her employer, your combined HSA contributions cannot exceed the federal maximum shown above.

USING YOUR HSA

Funds in an HSA can be used to pay for:

- Qualified medical expenses
- Qualified dental, vision and hearing expenses
- COBRA continuation coverage if you leave employment
- Qualified long-term care insurance premiums

Funds can also be used to build savings to cover future medical expenses on into retirement, including Medicare premiums and out-of-pocket expenses.

HSA participants receive an HSA debit card, which may be used to pay for qualified health care expenses directly. Or, you may reimburse yourself from your HSA at a later date. You own the amount in your account and may take it with you if you leave Twin Cities PBS.

You do not need to provide proof of your expense to Optum Bank. However, you should keep your receipts in case you are audited and need to provide proof that your withdrawals were for qualified medical expenses.

Tax reporting is required for the HSA. IRS form 8889 **must** be completed with your tax return each year to report total deposits and withdrawals from your account (you do not have to itemize to complete this form).

For additional information, contact Optum Bank customer service at 800.243.5543 or www.optumbank.com.

Managing Your HSA

It's easy to manage your HSA using the Optum Bank portal. You can:

- Check your account balance
- File a claim
- View account activity
- Reimburse yourself
- Designate a beneficiary

NOTE: Changing your contribution amount during the year can be done by notifying HR.

Medical Flexible Spending Account



The Medical Flexible Spending Account gives participants in the 20%-\$30 and \$500-\$25-25% plans the opportunity to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses. Examples of eligible expenses include deductibles and co-pays, prescription drug costs, over-the-counter medicines (if prescribed by a doctor), and other non-covered medical, dental, vision and hearing care expenses.

Participants in the \$2,000-0% HSA Preventive Rx plan can contribute to a **Limited Purpose Flexible Spending Account** for dental and vision expenses ONLY.

How do I submit documents?

- Online: visit www.flores247.com
- Mobile: Download Flores Mobile smartphone App available for Apple or Android devices
- Mail
PO Box 31397 | Charlotte, NC 28231
- Fax: 800.726.9982

You can also call 800.532.3327

FSA CONTRIBUTIONS

You may contribute up to \$2,750 to your Medical FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal “use-it-or-lose-it” law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Only \$500 may be carried over to the next plan year. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event, as described on page 3.

USING YOUR FSA

You can pay for eligible expenses in one of two ways – using the Flores debit card or filing a claim.

- **Debit card:** Use the debit card to pay for eligible health care expenses at the point of service or write your debit card number on your provider’s bill – just as you would a credit card. Funds will be taken directly from your Flores medical FSA account.
- **Submit an FSA claim:** Pay the provider directly and then file a claim for reimbursement. You can file a claim online, on your mobile App, by mail or by fax.

NOTE: Expenses must be incurred between January 1, 2021 and December 31, 2021. You will have until February 28, 2022 to submit claims.

COMPARING FSAs AND HSAs

	HSA	Medical FSA
Who can have this plan?	\$2,000-0% HSA Preventive Rx plan participants	80%-\$30 and \$500-\$25-25% plan participants; \$2,000-0% HSA Preventive Rx plan participants with an HSA can have a limited purpose flexible spending account
What is the contribution limit?	Employee: \$3,600 Family: \$7,200	\$2,750
Can I make a catch-up contribution?	Yes, up to \$1,000 for 2020 if you are age 55+ and not enrolled in Medicare	No
What are the tax advantages?	<ul style="list-style-type: none"> • Contributions are tax-free • Investment earnings on balance are tax-free • Withdrawals for eligible expenses are never taxed 	<ul style="list-style-type: none"> • Contributions are tax-free • Withdrawals for eligible expenses are never taxed
What expenses are eligible?	Any out-of-pocket expenses for medical, prescription drugs, dental, vision and hearing	
Can I make a contribution change?	Yes, allowed throughout the year at anytime	Maybe, changes are only allowed if you have a Qualifying Life Event (see page 3)
How can I use the funds?	You can spend them now on eligible health care expenses, or save for future health care expenses	You need to spend them on eligible health care expenses incurred in the year designated
Is there a time limit for using fund balance?	No limit	You must file your calendar year claims by February 28 th
Can I roll-over my unused funds from year to year?	Yes	Yes - \$550 may be carried over. Amounts over \$550 will be forfeited (use-it-or-lose-it)
What funds are available to reimburse expenses?	Limited to your current account balance	Entire contribution amount elected for the year
Do I need to provide proof of my expense?	Optum does not require proof; if you are audited, the IRS will require proof.	Yes, proof is required by Flores & Associates

Dependent Care FSA



The Dependent Care Flexible Spending Account allows employees to set aside pre-tax dollars to pay for eligible dependent daycare expenses. Contributions are automatically deducted from your paychecks on a pre-tax basis, saving you money by not paying federal, state or Social Security taxes on the portion of your income that you contribute to the plan. The account is administered through Flores & Associates.

HOW THE PLAN WORKS

This account is for eligible work-related daycare expenses. Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care. You can use the funds to pay for daycare, preschool, summer camp, before/after school programs or eligible senior centers while you (and your spouse) are actively working or attending school. The primary purpose should be to provide for the dependent's well-being and protection. Education-focused expenses that can be separated from daycare expenses are not eligible.

By law, any unused funds are forfeited after year-end. You may not carry a balance over to the next year. So estimate your eligible expenses carefully and conservatively.

FSA CONTRIBUTIONS

You may contribute up to \$5,000 (\$2,500 if married and filing separately) to your Dependent Care FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal "use-it-or-lose-it" law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event, as described on page 3.

USING YOUR FSA

When you have incurred dependent care expenses, you must submit a claim for reimbursement – along with proof of the expense. The claim form can serve as a receipt for payment if you have your provider sign the Provider Certification section of the form. Or, you can attach a third-party receipt or billing statement as proof of the expense (canceled checks are not acceptable). The form requires that you provide the federal tax identification number of each provider.

Expenses must be incurred between January 1, 2021 and December 31, 2021. You will have until February 28, 2022 to submit claims.

How do I submit documents?

- Online: visit www.flores247.com
- Mobile: Download Flores Mobile smartphone App available for Apple or Android devices
- Mail
PO Box 31397 | Charlotte, NC 28231
- Fax: 800.726.9982

You can also call 800.532.3327

Dental Insurance



Staying healthy includes good dental care. Twin Cities PBS' dental plan provides the comprehensive coverage necessary to help you and your family maintain good dental health. The dental benefit is administered by Delta Dental of MN.

HOW THE PLAN WORKS

Plan participants have the flexibility to see any dentist they choose. But greater discounts and benefits are available by seeing an in-network dentist. The provider options include:

- In-Network – contracted providers in Delta Dental PPO or Delta Dental Premier; better discounts
- Out-of-Network – all other providers; no negotiated discounts

BENEFIT SUMMARY

Dental Service	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Diagnostic and Preventive - Exams & cleanings; x-rays; fluoride treatments; space maintainers; sealants	Covered at 100%	Covered at 100%	Covered at 100%
Basic Services - Emergency treatment; fillings	Covered at 90%	Covered at 80%	Covered at 80%
Endodontics - Root canal therapy	Covered at 60%	Covered at 50%	Covered at 50%
Periodontics - Surgical /non-surgical treatment of gum tissue	Covered at 60%	Covered at 50%	50% of plan's allowed amount after deductible
Oral Surgery - Surgical extractions - Non-surgical extractions; all other oral surgery	Covered at 90% Covered at 90%	Covered at 80% Covered at 80%	Covered at 80% Covered at 80%
Major Restorative - Crowns, inlays and onlays	Covered at 60%	Covered at 50%	Covered at 50%
Prosthetics Repairs and Adjustments - Dentures and bridges	Covered at 60%	Covered at 50%	Covered at 50%
Orthodontics - For covered dependents to age 19	Covered at 80% up to \$1,500 lifetime maximum	Covered at 80% up to \$1,000 lifetime maximum	Covered at 80% up to \$1,000 lifetime maximum
Annual Deductible	None	\$50 / Single \$150 / Family	\$50 / Single \$150 / Family
Annual Plan Maximum	\$2,000	\$1,500	\$1,500 combined
Per Pay Period Premiums (26)	Single: \$8.00 Family: \$29.00		

FINDING NETWORK PROVIDERS

Dentists who participate in the Delta Dental networks will:

- Save the participant and the plan money,
- File claims on behalf of the covered participant, and
- Agree not to charge more than the plan's negotiated rates (or "allowed amount").



To find in-network preferred providers, go to www.deltadentalmn.org and select the Delta Dental PPO or Delta Dental Premier Networks. Enter your zip code and the distance you are willing to travel to find a provider in your area. Or you can also call 800.448.3815.

For more plan information, such as the average cost of dental procedures, claims information, or to print an ID card, go to www.deltadentalmn.org

Vision



Twin Cities PBS offers a vision plan administered by EyeMed. This coverage is a voluntary benefit that features coverage for prescription glasses and contact lenses, as well as other vision-related items.

HOW THE PLAN WORKS

As with the dental plan, you have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the EyeMed Insight network. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (i.e., sunglasses and laser vision correction).

Please note: this plan provides coverage for materials and hardware only. Coverage for routine annual vision exams are provided through your Medica medical plan as a preventive appointment as long as you use an in-network provider.

BENEFIT SUMMARY

	EyeMed Insight Network	Out-of-Network
Eyeglass Lenses*		
Standard Single Vision	\$25 co-pay	Reimbursed up to \$30
Standard Bifocal	\$25 co-pay	Reimbursed up to \$50
Standard Trifocal	\$25 co-pay	Reimbursed up to \$70
Standard Lenticular	\$25 co-pay	Reimbursed up to \$70
Standard Progressive	\$90 co-pay	Reimbursed up to \$50
Premium Progressive		
Tier 1	\$110 co-pay	Reimbursed up to \$50
Tier 2	\$120 co-pay	Reimbursed up to \$50
Tier 3	\$135 co-pay	Reimbursed up to \$50
Tier 4	\$90 co-pay; 20% off charge less \$120 allowance	Reimbursed up to \$50
Frames	\$0 co-pay; \$130 allowance; 20% off balance over \$130	Reimbursed up to \$91
Contact Lenses		
Conventional	\$0 co-pay; \$130 allowance; 20% off balance over \$130	Reimbursed up to \$130
Disposable	\$0 co-pay; \$130 allowance	Reimbursed up to \$130
Medically Necessary	\$0 co-pay; Paid-in-full	Reimbursed up to \$210
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A
Frequency	Lenses or Contact lenses: Once every 12 months** Frames: Once every 24 months	
Per Pay Period Premiums (26)	Employee Only: \$ 2.09 Family: \$ 5.34	

*Please refer to the plan document for additional lens options and corresponding copays or % discounts (if applicable).

**Contact lenses are in lieu of eyeglass lenses and frames. Members may, however, still be able to receive additional discounts off another complete pair of eyeglasses or conventional contact lenses once the covered benefit has been used.

FOR MORE INFORMATION

To find network providers, view your benefits and claims information or see special offers, go to www.eyemed.com. Access a list of Lasik providers at www.eyemedlasik.com or call 877-5LASER6.

In-Store Discounts: Certain in-store promotions can be better than insurance – i.e., buy one pair get one free, select styles \$99, etc. You can take advantage of a promotion, and you can still submit an out-of-network claim to get reimbursed for the out-of-network portion of your purchase.

Life and AD&D Insurance



You can't always predict – or control – your life. But, you can prepare for it. Protecting the financial interests of your loved ones in the event of your death or serious injury can be invaluable. Twin Cities PBS provides life and AD&D (accidental death or dismemberment) benefits through SunLife. The plan provides:

- **Basic Term Life and AD&D** – Eligible employees automatically receive the basic portion of the Life and AD&D benefit – there are no choices to be made. Any benefits paid out are tax-free to the recipient.
- **Voluntary Life and AD&D** – You decide if you want to purchase voluntary coverage. You need to choose the level of coverage and who you want to cover – yourself, your spouse and/or your dependent children.

Voluntary Life:

- New hires can elect up to the guarantee issue amount without evidence of insurability.
- Existing employees and late entrants can elect during open enrollment. All requested amounts are subject to evidence of insurability.

NOTE: You must purchase coverage for yourself in order to elect coverage for your spouse and/or child(ren). Children are eligible to participate through age 25.

HOW THE PLAN WORKS

Life benefits are payable to your designated beneficiary in the event of your death. An additional AD&D benefit is payable to you in the event of a covered dismemberment or to your beneficiary if your death is the result of an accident.

BENEFIT SUMMARY

Feature	Basic Term Life/AD&D	Voluntary Life/AD&D		
		Employee	Spouse	Child(ren)
Benefit Amount	2 x annual salary plus \$20,000 - Maximum: \$500,000	Up to the lesser of \$500,000 or five times your annual salary; increments of \$10,000	\$250,000, may not exceed 50% of the employee amount in increments of \$5,000	\$10,000
Guarantee Issue*	Up to \$500,000	\$150,000	\$30,000	\$10,000
Employee Age Reduction	- At age 65, benefits will reduce to 65% - At age 70, coverage will reduce to 45%	- At age 65, benefits will reduce to 65% - At age 70, benefits will reduce to 40% - At age 75, benefits will reduce to 25% - At age 80, benefits will reduce to 10%		

*Guarantee Issue (GI) refers to the amount of coverage you can purchase without providing evidence of good health.

COST OF VOLUNTARY LIFE AND AD&D COVERAGE

You pay the full cost for additional life and AD&D coverage on an after-tax basis. Cost for life coverage for employee and spouse is based on each person's age. The cost for Life and AD&D is shown separate in the table below:

Employee and Spouse Voluntary Life/AD&D Per Pay Period Rates (26) – Per \$1,000 of Coverage													
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Employee Life	\$0.042	\$0.042	\$0.046	\$0.060	\$0.083	\$0.129	\$0.231	\$0.351	\$0.397	\$0.711	\$1.412	\$3.914	\$8.742
Spouse Life	\$0.042	\$0.042	\$0.046	\$0.060	\$0.083	\$0.129	\$0.231	\$0.351	\$0.397	\$0.711	N/A	N/A	N/A
AD&D	Employee: \$0.014 Spouse: \$0.012												
Dependent Child(ren)	\$0.093 per \$1,000 for Life (no AD&D benefit available)												

Travel AD&D Insurance



Twin Cities PBS provides additional coverage for business travel Accidental Death and Dismemberment (AD&D) insurance through Reliance Standard at no cost to the employee. Eligibility and benefits are listed below:

- Each active, full-time employee is covered with a principal sum of \$75,000
- The policy covers losses while on a business trip, for Twin Cities PBS, from all accidents
- Business trip means travel authorized by Twin Cities PBS. Everyday travel to and from work is not included

Short and Long Term Disability



Short Term Disability (STD) and Long Term Disability (LTD) insurance is available to all full-time and part-time regular employees offered through SunLife. STD and LTD are programs that continue a portion of your salary in case of lost time due to medical disability.

Employees must submit a Physician's Statement of Disability and a Claim Statement as soon as possible stating the nature and dates of disability with return to work date and any restrictions that may apply.

SHORT TERM DISABILITY BENEFIT SUMMARY

Feature	
Weekly Benefit Amount	- Days 9 to 21: 100% of weekly earnings - Days 22-90: 66.67% of weekly earnings
Maximum Weekly Benefit	\$5,000
Elimination Period	- 8 day illness - 8 day injury

LONG TERM DISABILITY BENEFIT SUMMARY

Feature	
Monthly Benefit Amount	60% monthly earnings
Benefit Duration	- To age 65 (Graded ADEA Schedule) - 36 month own occupation period
Maximum Monthly Benefit	\$10,000
Elimination Period	90 days

NOTE: LTD premiums are taxed as a default option. This is the approved IRS method to avoid paying taxes on the benefit amount if you go out on disability.

401(k) Retirement Plan

Twin Cities PBS offers a 401(k) retirement and savings plan with Principal Financial to all employees except those who are considered "Talent." You will automatically be enrolled in this plan the 1st of the month following 30 days of service unless you opt-out. Employees who do not opt-out will be automatically enrolled at 6%. A yearly increase of 1% is applied until you reach a 15% contribution.

The maximum salary contribution per year for 2021 is \$19,500 with a \$6,500 catch-up to those 50 years of age or older. A matching contribution is made based on the chart. The vesting for the match is automatic at 100%.

Employee Contribution	TPT Matching Contribution
1%	1%
2%	1.5%
3%	2.0%
4%	2.5%
5%	3.0%
6%+	3.5%

HOW DO I ACCESS, ENROLL AND MAKE CHANGES TO MY ACCOUNT?

GO ONLINE: WWW.PRINCIPAL.COM

- Establish your username and password
- Enter your SSN and account/contract number 614562
- **QUESTIONS?** Call customer service at (800) 547-7754 or visit www.principal.com

Elective Programs

As an employee of Twin Cities PBS, you may elect to participate in the following programs:

VACATION BUY

TPT recognizes that from year to year our employee's lives and personal calendars may be different. It is our intent to allow our employees the opportunity to buy additional vacation time annually. The Vacation Buy plan is designed to allow eligible employees to purchase vacation time on a pre-tax basis and to spread the subsequent cost over the calendar year. Eligible employees are able to purchase up to 40 hours of vacation through the open enrollment process.

METRO TRANSIT DISCOUNTS

As an employee of Twin Cities PBS, you are eligible to purchase discounted Metro Transit Go-To Cards through payroll deduction. We purchase the stored value cards in \$20 increments starting at \$20 per month.

TPT MEMBERSHIP

Become a member and support TPT. Elections must be for at least \$2.50 per pay. Deductions are not pre-tax and you will receive a tax notification from Membership at the end of the year. With your membership, you will receive a year's subscription to TPT Magazine, Daily Program Guide, as well as a Member Benefit Card, good for hundreds of dollars of discounts.

Additional Benefits / Non-elective

REFERRAL INCENTIVE PROGRAM

Twin Cities PBS recognizes the value of employee referrals to hiring great staff. TPT will present employees with a cash bonus or a gift certificate of their choice for a referral that results in hiring the referred candidate.

- Staff members \$250
- Producers/Managers \$400
- Executive Producers/Directors \$600
- Part-time membership reps \$100

VACATION

Employees will receive annual vacation leave benefits based upon their years of service:

STATUS	YEARS OF SERVICE	WORKING DAYS
Full Time Employees	0-2	10
	3-7	15
	8-15	20
	16+	25

It is important to remember that accrued, unused vacation in excess of 40 hours for regular full time employees is forfeited at the end of each fiscal year (August 31). Forty hours of accrued vacation may be carried into the new fiscal year.

SICK AND SAFE LEAVE

TPT recognizes that from time to time our employees are sometimes unable to work because of illness or injury. For this reason, we provide a paid sick leave plan for all full-time and part-time regular employees. TPT provides eight (8) sick leave days per fiscal year to all full time employees and a pro-rated amount of days to alternative work and part time employees. Sick and Safe leave may also be used in situations of domestic violence, to move yourself or your family to a safe location or to seek assistance.

HOLIDAY

Twin Cities PBS offers employees the following 11 paid holidays per year:

- New Year's Eve Day
- Martin Luther King Day
- Juneteenth
- Labor Day
- Friday following Thanksgiving
- Christmas Day
- New Year's Day
- Memorial Day
- Independence Day
- Thanksgiving Day
- Christmas Eve
- Floating Holiday (one per fiscal year)



Legal & Identity Theft



Legal	Identity Theft
<p>Legal support while planning for the future or for dealing with life's difficult situations can help you and your loved ones rest easier. As an employee, you can purchase a plan through LegalShield that can help with legal issues you may have. Services and support include:</p>	<p>Identity theft continues to affect millions of Americans each year. IDShield is a service intended to help protect you and to help find resolution if your identity is compromised. IDShield members receive unlimited access to identity consultation services provided by Kroll's Licensed Investigators as well as 24/7/365 access to support agents in case of emergency situations. Services and support include:</p>
<ul style="list-style-type: none"> • Toll-free phone consultations for any personal legal matter. • 24/7 emergency assistance • Contract review capabilities • Legal document preparation assistance • IRS legal audit services and living will review • Standard will preparation • Adoption/name change/divorce representation 	<ul style="list-style-type: none"> • Privacy and security best practice consultation • Lost/stolen wallet assistance • Data exposure/data breach safeguards/notifications • Monthly ID theft updates to help educate and protect you • Credit and privacy monitoring • Quarterly credit score tracker • Minor identity protection

Legal Plan: LegalShield | **Identity Theft:** IDShield

Member Services: 800.654.7757

Website: www.legalshield.com

Email: memberservices@legalshield.com

Per Pay Period Premium (26)		
	Single	Family
LegalShield	\$11.05	\$11.05
IDShield	\$4.13	\$8.75
Combined	\$15.18	\$17.95

Value Added Services

MEDICA WELLNESS DISCOUNTS AND RESOURCES

Medica has a wealth of discounts and resources available for members:

- **Fit Choices by Medica Program**

Workout 12 times per month at a participating fitness club and you can earn up to \$20 per month. That's up to \$240 a year. A maximum of two \$20 credits per month. Eligible members must be 18 years of age or older to receive the membership credit. To learn more about Fit ChoicesSM or to find a health club near you, go to Medica.com/FitChoices.

- **Value for Your Health Care Dollar**

Cost and quality can vary significantly among providers. Knowing the difference can help you save money and have better results. Look up cost ranges for common procedures at dozens of facilities using **Main Street Medica**. Or use the online provider search tool to find doctor-specific cost and quality information with Premium Designation. Both tools are available on MyMedica.com.

- **Employee Assistance Program**

Sometimes life throws you a curveball. Whether it's financial troubles, personal issues or family problems, we can help. Just call **1 (800) 626-7944** any time of day or night, any day of the year to talk with a counselor. They'll help you find the resources you need to get back on track.

- **My Health Rewards Program**

Taking steps to improve your health might be easier than you think. Whether you want to stress less, quit smoking or eat more fruits and veggies, **My Health Rewards by Medica®** makes it fun — and rewarding. You'll earn rewards as you complete activities personalized just for you. To get started with My Health Rewards, download the Virgin Pulse app, free in the App Store and on Google Play.

- **24-Hour Health Support**

Worried that your stomach bug could be serious? Wondering what to do about that cough that won't go away? The advisors and nurses at **Medica CallLink®** can help. They're available 24 hours a day, 365 days a year to answer your questions and help you make smart decisions about your health. Just call **1 (800) 962-9497** (TTY users, call 711).

EMPLOYEE ASSISTANCE PROGRAM

Everyone needs help solving problems sometimes. SunLife Financial provides you and your family with extra support to help you with a variety of issues 24/7, 365 days per year. This benefit is provided by Twin Cities PBS at no cost to employees.

- Stress reduction, anxiety and depression
- Childcare, divorce, parenting, adoption
- Estate Guidance – Will Prep
- Identity theft guidance
- Budgeting/Debt Management
- Unlimited phone access
- Face to face counseling (up to 3 visits)

EMPLOYEE ASSISTANCE PROGRAM CONTACT INFORMATION:

(877) 595-5281

Or visit guidanceresources.com

Web ID: EAP Business

Value Added Services (continued)

EMERGENCY TRAVEL ASSISTANCE

If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. No matter where you are in the world, Assist America will help you access or receive:

- hospital admission assistance
- critical care monitoring
- legal and interpreter referrals
- emergency medical evacuation

QUESTIONS? Call or email:

(800) 872-1414 (U.S.)

(609) 986-1234 (Outside the U.S.)

medservices@assistamerica.com

Membership # 01-AA-SUL-100101

IDENTITY THEFT PROTECTION

You have the support of a comprehensive Identity Theft Protection program through Assist America's SecurAssist program. It provides:

- 24x7 telephone support
- a case worker assigned to you to help you notify credit bureaus and file paperwork
- help canceling stolen cards
- help notifying financial institutions

QUESTIONS? Call or visit:

(877) 409-9597

www.securassist.com/sunlife

Membership # 01-AA-SUL-100101

Access code 18327

SPIRE CREDIT UNION

Through this partnership, you have access to some of the best cooperative benefits:

- Checking and Savings Deposit Products with Free Debit cards, Free Online Banking, Free Mobile Banking, Free Picture Deposits, Free Interbank Transfer, Free Bill Pay and online financial calculators
- Auto and Recreational Vehicle Financing
- Personal Loans and Visa Credit Cards
- Unsecured Lines of Credit
- Home Mortgage purchasing, home refinance and home equity loans
- Investment and vacation home financing
- Investment and Retirement Services
- Health Savings Services
- Property and Casualty, Life and Long Term Care Insurance
- Financial Education Coaching

Important Notices

According to federal and state legal directives, we are required to provide the following information. Please note that these notices are located on the intranet.

- SPECIAL ENROLLMENT RIGHTS
- NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT
- WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998
- CHIP NOTICE
- EMPLOYER ASSISTANCE MEDICAID CHART
- PAPERWORK REDUCTION ACT STATEMENT
- HEALTH PLANS NOTICE OF PRIVACY PRACTICES
- MN SURE COVERAGE OPTIONS
- FEDERAL COVERAGE OPTIONS

Enrollment Instructions

Before entering your enrollment, gather the social security number and date of birth for any dependents you plan to cover. This information is required to add a dependent to any plan.

Once you have your information, you are ready to proceed through your benefits enrollment. In UltiPro:

- Go to the **Myself** menu option
- Click on **Life Events**
- Select the life event "**I am now eligible for benefits**"

You will be prompted to enter the appropriate data for each benefit election. You will elect all of your benefits, enroll your dependents and assign beneficiaries on-line.

If at any time while you are completing your on-line enrollment, you find you need to gather more information, you can save the entries as a draft and return to complete the enrollment process. Tips to keep in mind:

- Once you have completed your elections, review them.
- If you have no changes, click on the **Submit** button.
- If you have changes, use the back arrow to return to the benefit to be changed.
- Make your changes and click **Next** to move to **Confirm Your Elections** again.
- Click on **Submit** when your elections are final.
- Print out a copy of your confirmation statement for your records.

The information in this Benefit Resource Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

IMPORTANT RESOURCES

Rachel Postle

HUMAN RESOURCES

Phone: 651-229-1360

E-mail: rpostle@tpt.org

INSURANCE AND BENEFIT INFORMATION

<p>Medical Insurance Medica - Group # Network: Passport Member Services: 952-945-8000</p>	<p>www.mymedica.com</p> <ul style="list-style-type: none"> - Access benefit and claim information - Order replacement or temporary cards - Participate in My Health Rewards Program - Estimate health care and pharmacy costs
<p>Dental Insurance Delta Dental – Group #050901 Network: Delta Dental PPO and Delta Dental Premier Member Services: 800.553.9536</p>	<p>www.deltadentalmn.org</p> <ul style="list-style-type: none"> - Access benefit and claim information - Locate participating dentists
<p>Vision Insurance EyeMed – Group #1008880 Member Services: 866-804-0982</p>	<p>www.eyemed.com</p> <ul style="list-style-type: none"> - Locate participating provider - Print benefit cards
<p>Life Insurance SunLife Group/Voluntary Life and AD&D #923525-001 Member Services: 800-862-6266</p>	<p>www.sunlife.com</p> <ul style="list-style-type: none"> - Request information on how to file claims - Customer service
<p>Health Savings Account (HSA) Optum Bank 844.553.7130</p>	<p>www.optumbank.com</p> <ul style="list-style-type: none"> - Request replacement debit cards - Check account balances - Update Beneficiary Information
<p>Flexible Spending Accounts (FSA) Flores Flex Account Questions: 800.532.3327</p>	<p>www.flores247.com</p> <ul style="list-style-type: none"> - Request replacement debit cards - Check account balances - Submit claims for reimbursement - Submit documentation for debit card transactions
<p>Legal Shield and ID Shield 800-654-7757</p>	<p>www.legalshield.com</p> <ul style="list-style-type: none"> - Available to all Employees - Legal Plan - Identity Theft
<p>Business Travel AD&D Reliance Standard – Group #SR 227023 800-351-7500</p>	<p>www.reliancestandard.com</p> <ul style="list-style-type: none"> - Customer service - How to file a claim
<p>Employee Assistance Program (EAP) SunLife 877-595-5281</p>	<p>www.guidanceresources.com</p> <ul style="list-style-type: none"> - Web ID: EAP Business - 100% Confidential - Available 24/7