2020-2021

Benefit Summary

APPLE TREE DENTAL

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Benefits Overview

Apple Tree Dental is proud to offer a comprehensive benefits package briefly summarized in this booklet.

You share the costs of some benefits and Apple Tree Dental provides other benefits at no cost to you. In addition, there are voluntary benefits that you can purchase at competitive rates through Apple Tree Dental.

Apple Tree Dental's Benefits Package Includes...

- Medical
- Health Savings Account (HSA)
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance
- Disability Insurance
- Voluntary Life and AD&D
- 401(k)
- Paid Time off (PTO) and Holidays

Eligibility & Enrollment

Who is Eligible?

Full-time employees working 36 hours or more (30 hours for Medical) are eligible to enroll in the benefits listed within this booklet. You may also enroll your spouse and/or dependent child(ren) to age 26.

When can I Enroll in Benefits?

As a new hire, you are eligible for benefits the 1st of the month following 60 days continuous active employment. If you do not enroll when first eligible, or **within 30 days** of a Qualified Life Event (QLE), you will have to wait until the next Open Enrollment period.

Qualified Life Event (QLE) - If you experience a "Life Event" such as marriage, divorce, birth or adoption, or a change in your spouse's employment status that affects benefits eligibility anytime during the year, you can make changes to your benefit elections. You will be required to show official documentation as proof of the QLE such as a marriage license, birth certificate or court papers.

What Information do you Need to Enroll?

When enrolling yourself, you will need to have your address and social security number readily available. When enrolling your spouse and/or child(ren), you will need to have their name, address, date of birth, and social security number readily available for each dependent.

Contact Information

Benefit	Administrator	Phone	Website
Medical	Blue Cross Blue Shield of Minnesota	1.866.870.0348	www.bluecrossmnonline.com
Health Savings Account (HSA)	Bremer Bank	1.800.992.2651	www.bremer.com
Dental	HealthPartners	1.800.883.2177	www.healthpartners.com
Vision	EyeMed	1.866.939.3633	www.eyemedvisioncare.com
Flexible Spending Account (FSA)	WageWorks	1.866.871.0773	www.myspendingaccount.wageworks.com
Employee Assistance Program (EAP)	ComPsych	1.888.628.4824	www.compsych.com
Disability Insurance	Lincoln Financial Group	1.877.275.5462	www.lfg.com
Voluntary Life AD&D	Lincoln Financial Group	1.877.275.5462	www.lfg.com
HR Director - Chad Engstrom	Apple Tree Dental	763.600.6830	cengstrom@appletreedental.org
HR Coordinator - Connie Knutson	Apple Tree Dental	763.600.6832	cknutson@appletreedental.org

Medical Benefits

Administered by Blue Cross Blue Shield of Minnesota

Plan Information

Group number: 232541

Effective Date: October 1, 2020

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Apple Tree Dental provides three medical plans through BCBS of Minnesota: the $2,000-40-70% Copay plan, the $3,000-100% HSA plan, and the $4,500-100% HSA plan. **New this year!** The $2,000-40-70% Copay plan is now available with the Aware Network or the High Value Network.

In-Network Coverage	$2,000-40-70%	$3,000-100% HSA	$4,500-100% HSA
Benefit	Aware Network or High Value Network	Aware Network	Aware Network
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Deductible—Calendar Year	$2,000 per person $6,000 per family	$3,000 per person $6,000 per family	$4,500 per person $9,000 per family
Coinsurance	You pay 30% after deductible	You pay 0% after deductible	You pay 0% after deductible
Medical Out-of-Pocket Maximum	$4,500 per person $9,000 per family	$3,000 per person $6,000 per family	$4,500 per person $9,000 per family
Preventive Care—*Deductible does not apply*			
Routine Physical	No charge, deductible does not apply	No charge, deductible does not apply	No charge, deductible does not apply
Immunizations, Well Child Care and Cancer Screenings	No charge, deductible does not apply	No charge, deductible does not apply	No charge, deductible does not apply
Office Visits			
Illness or Injury	$40 copay	No charge after deductible	No charge after deductible
Specialist Visit	$40 copay	No charge after deductible	No charge after deductible
Diagnostic Test *X-Ray, Blood Work*	30% after deductible	No charge after deductible	No charge after deductible
Imaging *CT / PET Scan, MRIs*	30% after deductible	No charge after deductible	No charge after deductible
Prescription Drugs (Rx)			
Preventive Rx Coverage*	Not included	Included	Included
Retail—up to a 31-day supply *Tier 1* *Tier 2* *Tier 3* *Tier 4*	 $15 copay $100 copay $50 copay $100 copay	 No charge after deductible No charge after deductible No charge after deductible No charge after deductible	 No charge after deductible No charge after deductible No charge after deductible No charge after deductible
Mail Order—up to a 93-day supply *Tier 1* *Tier 2* *Tier 3* *Tier 4*	 $45 copay $300 copay $150 copay $300 copay	 No charge after deductible No charge after deductible No charge after deductible No charge after deductible	 No charge after deductible No charge after deductible No charge after deductible No charge after deductible
Urgent or Emergency Care			
Urgent Care	$40 copay	No charge after deductible	No charge after deductible
Hospital Emergency Room	30% after deductible	No charge after deductible	No charge after deductible
Emergency Ambulance	30% after deductible	No charge after deductible	No charge after deductible
Durable Medical Equipment and Prosthetics	30% after deductible	No charge after deductible	No charge after deductible
Home Healthcare	30% after deductible	No charge after deductible	No charge after deductible
Out-of-Network			
Deductible	$10,000 per person $20,000 per person	$10,000 per person $20,000 per family	$10,000 per person $20,000 per family
Out-of-Pocket Maximum	$20,000 per person $40,000 per family	$20,000 per person $40,000 per family	$20,000 per person $40,000 per family
Coinsurance	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible

**For the Preventive Rx List, please go to Apple Tree Dental Benefit Center at www.appletreedental.benefithub.com.*

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

Understanding your Network Options

You have access to two comprehensive networks of providers depending on which plan option you choose from. If you choose the $2,000-40-70% Copay Plan, then you may choose between the Aware Network or the High Value Network. If you choose the $3,000-100% HSA Plan or the $4,500-100% HSA Plan, then you will have access to the Aware Network. Once you have chosen the plan design that is right for you, you should take some time to consider the differences between the two networks. You will receive the most benefit from visiting a provider in your network, and will pay more for care when visiting a provider outside of your network. To receive the best care, it is important to understand the network that you enroll in and the providers in that network.

Aware Network

The Aware Network is one of BlueCross BlueShield's largest networks. This open-access network offers you extensive access to providers and hospitals without needing a referral.

High Value Network

The High Value Network (HVN) is a narrower network than the Aware Network; includes over 5,000 primary care providers and over 16,000 specialty care providers; and offers you access to major care systems, including Fairview Health Systems, HealthPartners, Park Nicollet, Ridgeview, University of Minnesota Physicians, Centracare, and St. Luke's Health Care System.

Find a Physician or Facility

Make sure your provider is in your network. To search for a provider in your network, go online to www.bluecrossmnonline.com and click on the "Find-a-Doctor" feature to search by location, provider name, specialty, product or procedure.

Premiums—Semi-Monthly Employee Cost (24 pay-periods)

	$2,000-40-70% Plan	$2,000-40-70% Plan	$3,000-100% HSA Plan	$4,500-100% HSA Plan
	Aware Network	High Value Network	Aware Network	Aware Network
Employee Only	$107.91	$100.45	$84.17	$52.56
EE + Child(ren)	$209.67	$185.75	$180.07	$126.65
EE + Spouse	$379.20	$338.52	$348.84	$276.14
Family	$490.35	$438.69	$459.49	$374.14

BlueCross BlueShield Value-Added Services

The following programs are offered at no additional cost by BlueCross BlueShield of Minnesota.

BlueCross BlueShield responds to your needs with tailor-made services and resources that support you in improving your health and making the most of your benefits. Best of all, these are all a part of your benefit plan once you become a member. We're ready when you are. Call Customer Service for any of the resources listed below.

Fitness Incentive Program with Sharecare

Get Motivated. Get Fit. Get Rewarded.

Health and wellbeing engagement is achieved a variety of ways, and BCBS of Minnesota and Sharecare partner to transform your health and fitness program to meet your needs. You will receive a $20 incentive for achieving a specific number of steps the required number of days per month. This program is paired with an extensive health and wellness program through Sharecare. The first step of your Sharecare journey is to take the RealAge assessment, which provides you with a simple and intuitive understanding of your health based on your genetics and lifestyle habits versus your chronological age. Once you complete your RealAge assessment, you will receive recommendations on how to lower your real age. This program features a mobile app that you can use to access your profile and track daily progress towards your health goals anytime, anywhere. Use the mobile app to explore personalized health and wellbeing content, incentives, AskMD, health topics, challenges, and more.

Get started at: bluecrossmn.sharecare.com and select 'Create My Account."

Doctor on Demand

Access to your provider at home or on-the-go!

Doctor On Demand keeps you healthy at home by connecting you immediately to a board-certified doctor through live video on your smartphone or iPad. We can treat the most common non-emergency medical issues and can write prescriptions if needed. Set up your account by visiting DoctorOnDemand.com/bluecrossmn.

Case Management

Get help creating a care plan for your complex health needs today!

If you have a complex health issue, a case manager can help. A licensed health care professional will work with you and your family to: understand your health needs and medicines, work with you and your doctor to create the best care plan, connect you with health management programs, and move you through the health care system effectively by managing your care among many doctors and specialists.

Maternity Management

Are you having trouble seeing your toes yet? Time to call!

Maternity Management is available to all expectant mothers, and gives you access to online tools and resources to support a healthy pregnancy. Members can contact the health plan to be connected to a health coach any time. Expectant mothers identified as high risk will receive telephonic outreach by the maternity health coach.

Quitting Tobacco Support

Whether you are quitting cold turkey or taking it slow, let us help!

Quitting tobacco support provides professional support by a wellness coach through a series of calls to help you achieve your goals. The support includes up to five calls from a wellness coach, a comprehensive workbook, 30- and 90-day follow-up calls, unlimited use of a toll-free support line, and other ongoing support as needed. Call 1.888.662.2583 today!

Learn to Live

Online Behavioral Health Programs

Over 114 million Americans with treatable conditions never seek therapy due to social stigma, accessibility and cost. Learn to Live provides online programs and assessments for members (age 13 or older) living with stress, depression or social anxiety. Programs are based on principals of cognitive behavioral therapy.

Wellness Discount Marketplace

Healthy Choices at Great Prices

Blue365 offers healthy choices to you at great prices. Weekly deals from leading national brands on a wide network of:

- Gyms
- Fitness gear
- Healthy eating options
- Personal care

Blue365 offers discounts from top brands, including: Beltone, Garmin, Reebok, EyeMed, TruHearing, Skechers and more.

Omada

Diabetes and Heart Disease Prevention

Omada is an online program that can help you lose weight, feel great and lower your risk for type 2 diabetes and heart disease. Omada combines science and support to help you develop healthy habits that last. You get personal support and interactive tools to get and keep you motivated:

- One-on-one guidance from a professional health coach
- A welcome kit with a wireless smart scale and other tools to track your progress
- An online peer group for motivation from people who get it
- Interactive weekly lessons on nutrition, fitness, sleep and stress
- On-the-go convenience with a mobile app

Dental Benefits

Administered by HealthPartners

Plan Information

Group number: 0966

Effective Date: October 1, 2020

Good oral care enhances overall physical health, appearance, and mental well-being. Keep your teeth healthy and your smile bright with Apple Tree Dental's dental benefit plan through HealthPartners.

When you enroll in dental coverage, you may see any dentist. However, when you select a dentist in-network, you are guaranteed the highest benefits from your dental program. If you seek dental care from a provider out-of-network, you will be responsible for paying any remaining balance above HealthPartner's contracted rate.

	In-Network PPO	Out-of-Network PPO
Annual Deductible	None	None
Annual Benefit Maximum	$1,500	$1,500
Preventive Dental Services *(cleanings, exams, x-rays)*	No charge	No charge
Basic Dental Services I *Fillings (amalgam and anterior composite)*	You pay 0%	You pay 0%
Posterior composite (white fillings), root canal therapy, non-surgical periodontics, and simple extractions	You pay 20%	You pay 20%
Basic Dental Services II *Surgical periodontics, complex oral surgery*	You pay 20%	You pay 20%
Special Care *Restorative crowns & onlays*	You pay 50%	You pay 50%
Prosthetics *Bridges, dentures & partial dentures, dental implants*	You pay 50%	You pay 50%

*Balance billing applies should you seek services from out-of-network providers. If an out-of-network provider charges more than HealthPartner's contracted rate, you will be responsible for paying the remainder of the bill out-of-pocket. You will pay less when you see in-network providers.

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

Premiums—Semi-Monthly Cost (24 pay-periods)

	Employee Cost
Single	$0.00
Family	$23.87

Vision Insurance

Administered by EyeMed

Plan Information

Group Number: VC-19

Effective Date: October 1, 2020

Your eye examination and caring for your eyes is important to your overall health. Eye examinations diagnose much more than the need for corrective lenses. When enrolled in this plan, you have access to EyeMed's network of providers. Though you can go to any vision provider, you will receive the highest benefit from the plan when you visit an in-network provider. When seeing an in-network provider, you will pay copays for services and materials, however, when you see an out-of-network provider, you may submit a receipt to be reimbursed up to the plan's out-of-network allowance.

Vision Care Specialist	In-Network Cost	Out-of-Network Reimbursement
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Exams and Services		
Exam with Dilation as Necessary	$10 copay	Up to $30
Contact Lens Fit & Follow-Up		
Standard	Up to $40	N/A
Premium	10% off retail price	N/A
Retinal Imaging	Up to $39	N/A
Frames and Plastic Lenses		
Frames	$0 copay, $130 allowance, 20% off balance over $130	Up to $65
Standard Plastic Lenses		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $60
Lenticular	$25 copay	Up to $60
Lens Options		
UV Treatment	$15	N/A
Tint (Solid & Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate—Adults	$33 copay	Up to $5
Standard Polycarbonate—Kids under 19	$0 copay	Up to $25
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off retail price	N/A
Contact Lenses— contact lens allowance includes materials only		
Conventional	$0 copay, $130 allowance, 15% off balance over $130	Up to $104
Disposable	$0 copay, $130 allowance, plus balance over $130	Up to $104
Medically Necessary	$0 copay, paid in full	Up to $200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs		
Additional Pair of Prescription Eyeglasses *eligible for discount limited to in-network providers*	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

Premium—Semi-Monthly Cost (24 pay-periods)

	Employee Cost
Employee	$3.59
EE + 1	$7.17
Family	$10.28

Health Savings Account (HSA)

Administered by Bremer Bank

Your are eligible to open a Health Savings Account if you enroll in the $3,000-100% HSA or the $4,500-100% HSA Plans offered by Apple Tree Dental. Administrative costs are 100% employer-paid.

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded with your tax-exempt dollars, by you, your employer, or both, to help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even in some cases, health insurance premiums.

IMPORTANT: If you have a FSA Health Reimbursement account, your balance must be exhausted prior to establishing/ contributing to a HSA. This means you should allow enough time for your last FSA reimbursements to be processed and the account to reflect a $0 balance.

When and how often can I contribute to my Health Savings Account (HSA)?

You are encouraged to contribute (voluntary) to your HSA account through payroll deduction(s) or as a lump sum deposit. You can contribute as often as you like, provided the annual contributions do not exceed the IRS annual limits.

In 2020, the IRS annual limits on contributions are as follows:

- $3,550 for Employee-Only coverage
- $7,100 for Employee+1 and Family coverage

In 2021, the IRS annual limits on contributions are as follows:

- $3,600 for Employee-Only coverage
- $7,200 for Employee+1 and Family coverage

Individuals that are age 55 or older by the end of the tax year are eligible to make an additional contribution up to $1,000.

How does the plan work?

Use your HSA to help pay these expenses

In-Network Preventive Care	DEDUCTIBLE **$3,000 Individual** **$6,000 Family**	Out-of-Pocket Maximum **$3,000 Individual** **$6,000 Family**
In-network preventive care such as annual check-ups, cancer screenings, well-child care and immunizations are covered at 100% and some preventive prescriptions.	You pay 100% of medical and prescription drug costs until you meet your deductible. You may make contributions to your HSA pre-tax up to the IRS maximum. You can withdraw these funds tax-free and put them towards meeting your deductible or save them to help offset future	Due to the structure of Apple Tree Dental's HSA plan, by virtue of reaching your deductible, you have satisfied your out-of-pocket max. The plan will now pay 100% for the remainder of the calendar year.

Frequently Asked Questions about HSAs

How do I manage my HSA?

The HSA account is your account; the HSA dollars are your dollars. Since you are the account holder or HSA beneficiary, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars. HSA dollars pay for any eligible expense. Most commonly, the HSA account holder will pay their out-of-pocket expenses (i.e. deductible and coinsurance) associated with their high deductible health plan with their HSA dollars.

What expenses are eligible for reimbursement from my HSA?

HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are expenses for medical care and are outlined within IRS Section 213(d). In summary, the IRS Section 213(d) states that "the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness."

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums;
- Health insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums; and
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over (assuming premiums are not collected through payroll on a pre-tax basis).

What if I have HSA dollars left in my account at year-end?

The money is yours to keep. It will continue to earn interest and will be available for you and your healthcare costs next year. Any dollars left in your HSA account at year-end will automatically roll over into next year's HSA account.

Can I use the money in my account to pay for my dependents' medical expenses?

You can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by Apple Tree Dental's $3,000-100% HSA or the $4,500-100% HSA plans.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep. You may elect one of the following options:

- Leave your funds in the current HSA account;
- Transfer your funds to an HSA with your new employer (check to make sure there are no fees associated with the transfer); or
- Transfer your funds to another qualifying account within 60 days.

Flexible Spending Accounts (FSA)

Administered by WageWorks

Effective Date: October 1,2020

Administrative costs are 100% employer-paid.

Easy and convenient, a Flexible Spending Account (FSA) allows you and your family to save money on medical and/or dependent care expenses. You have the opportunity to set aside funds each pay period on a pre-tax basis. Per paycheck contributions, which are determined by you and can only be changed one time per year during annual enrollment (or for a qualifying event), will be deposited into your FSA account.

You do not have to be enrolled in the company medical, dental or vision to enroll in an in FSA. You manage your FSA funds; you may not use money from your Health Care FSA to pay for dependent care expenses, or vice versa. You must re-enroll every year during Annual Enrollment in order to participate in the FSA benefit plan.

Please Note: The IRS does not allow you to have both an FSA Health Account and an HSA.

Here's How a FSA Works

- You decide the annual amount you want to contribute to either or both FSA's based on your expected healthcare and/or dependent childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible
- expenses when incurred, and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

*Remember, the Flexible Spending Account accumulates on a calendar year basis. The elections you make will be for 2021.

How much can I contribute to my FSA Account?

In 2020, the IRS annual limits on contributions to an FSA Account are as follows:

- Health Account and Limited Purpose - $2,750
- Dependent Day Care - $5,000 if filing jointly, $2,500 if filing single

In 2021, the IRS annual limits on contributions to an FSA Account are as follows:

- Health Account and Limited Purpose - $2,750
- Dependent Day Care - $5,000 if filing jointly, $2,500 if filing single

Any remaining balance in your FSA at the end of the plan year will be forfeited and not carried over into the next year or converted into cash.

What an eligible expense?

To find information on eligible expenses for your dependent care FSA, go to www.irs.gov and search for Publication 502 and 503 [Section 213(d)].

Basic Life and Accidental Death & Dismemberment (AD&D)

Administered by Lincoln Financial Group

Effective Date: October 1, 2020

100% Paid by Apple Tree Dental

Life and Accidental Death & Dismemberment (AD&D)

This benefit is 100% paid by Apple Tree Dental, and provides you with Life and Accidental Death and Dismemberment (AD&D) insurance of 1 times your annual salary (not including bonuses, overtime, or extra compensation) to a maximum amount of $100,000. The benefit will be reduced to 65% when you reach age 65 and 50% when you reach age 70. Death benefits are doubled if death is the result of an Accident. This coverage is portable, and you will have the option to take this coverage with you at group rates if you leave Apple Tree Dental. If you are totally disabled, premiums are waived (subject to the elimination period).

Choosing your Beneficiaries

When enrolling in Life and AD&D insurance, you have the opportunity to name both "primary" and "contingent" beneficiaries. In the event of your death, the designated primary beneficiary receives the death benefit. A contingent beneficiary would receive the death benefit if the primary beneficiary cannot be found. The best way to make sure that your death benefit is paid out correctly is to include your beneficiaries' birth dates and social security numbers when designating your beneficiaries.

Voluntary Life and AD&D Insurance

Administered by Lincoln Financial Group

Effective Date: October 1, 2020

You may purchase Voluntary Life and AD&D insurance in addition to the company-provided coverage for yourself on a payroll deduction basis. If you elect coverage for yourself, you may also elect coverage for your spouse and dependent child(ren) as well. Please note that Voluntary AD&D is not bundled with the Voluntary Life and is considered a separate election.

Employee Supplemental Life

You may purchase in increments of:	$10,000
Guarantee Issue Amount:	$150,000
Maximum amount you can purchase:	5 x annual salary to a maximum of $500,000

For amounts over Guarantee Issue Amount of $150,000, you must complete an Evidence of Insurability form and be approved for the coverage. If the additional amount over $150,000 is declined, you will still receive the guaranteed amount of $150,00.

Spouse Supplemental Life

You may purchase in increments of:	$5,000
Guarantee Issue Amount:	$30,000
Maximum amount you can purchase:	100% of employee amount to a maximum of $250,000

For amounts over Guarantee Issue Amount of $30,000, your spouse must complete an Evidence of Insurability form and be approved for the coverage. If the additional amount over $30,000 is declined, your spouse will still receive the guaranteed amount of $30,000.

Child(ren) Supplemental Life

Maximum amount you can purchase:	$10,000

The benefit available for children from live birth to 6 months old is limited to $250. Dependent children are eligible for coverage until age 26. All amounts of coverage applied for (max of $10,000) are Guaranteed Issue without needing to provide Evidence of Insurability.

Supplemental AD&D

You may purchase Voluntary AD&D coverage for you, your spouse, and your dependent child(ren). Please note, that Voluntary AD&D is not bundled with your Voluntary Life election, and requires a separate enrollment. The same benefit increments and maximums, Guarantee Issue amounts, and limitations on the Voluntary Life coverage apply to the Voluntary AD&D coverage (see above).

Benefit Reductions

The employee and spouse benefit will be reduced to 65% when you reach age 65 and 50% when you reach age 70, and will terminate upon retirement.

Guarantee Issue Amounts

When you first become eligible, you can purchase up to the Guarantee Issue Amounts shown above without answering medical questions. Evidence of Insurability must be submitted when:

1. Voluntary Life and AD&D amounts elected exceed the Guarantee Issue amounts listed above during your Initial Eligibility period;
2. Any benefit option increase or new election is requested during Open Enrollment which exceeds the amount more than 2 increment levels ($20,000 for employee coverage; $10,000 for spousal coverage);
3. Initial coverage is elected more than 31 days after your Initial Eligibility period begins.

Rates

**Spouse rate based on employee's age.*

Supplemental Life and AD&D Rates per $1,000		
Age	Employee Life	Spousal Life*
< 25	$0.057	$0.037
25 - 29	$0.057	$0.037
30 - 34	$0.057	$0.037
35 - 39	$0.086	$0.066
40 - 44	$0.143	$0.123
45 - 49	$0.200	$0.180
50 - 54	$0.372	$0.352
55 - 59	$0.744	$0.724
60 - 64	$1.144	$1.124
65 - 69	$2.032	$2.012
70 - 74	$3.662	$3.642
75 +	$3.662	$3.642
Employee AD&D	$0.020	
Spousal AD&D	$0.020	
Child Life / AD&D *(Per $10,000)*	$1.460 / $0.360	

What will it cost you each month?

Example Monthly Rate Calculated

A **38-year-old employee** elects **$50,000** of Doctor **Voluntary Supplemental Life without Voluntary AD&D** coverage.

	Life Amount Selected	Divided by 1,000	Multiplied by Rate from Table (equals your monthly cost)
Employee Supplemental Life	$50,000	/ 1,000 = 50	X $0.086 = $4.30

Monthly Rate Calculation Tool

	Life Amount Selected	Divided by 1,000	Multiplied by Rate from Table (equals your monthly cost)
Employee Supplemental Life	$_____	/ 1,000 =_____	x _____ = _____
Employee Supplemental AD&D	$_____	/ 1,000 =_____	x $0.020 = _____
Spouse Supplemental Life	$_____	/ 1,000 =_____	x _____ = _____
Spouse Supplemental AD&D	$_____	/ 1,000 =_____	x $0.020 = _____
Child Supplemental Life	$10,000**	n/a**	= $1.460**
Child Supplemental AD&D	$10,000**	n/a**	= $0.360**

**The monthly cost of Voluntary Life and AD&D coverage for your child(ren), is not calculated in the same way as the Voluntary Life and AD&D coverage for you or your spouse, because rates given are per $10,000 of benefit and the benefit increment and maximum for children is at $10,000. Your monthly cost of coverage for your child(ren) is $1.460 / $0.360 (Life / AD&D).*

Short-Term Disability

Administered by Lincoln Financial Group

100% Paid by Apple Tree Dental

If you become disabled, you may be unable to work and, therefore, your income may be reduced. Unfortunately, your expenses and bills always continue. At no cost to you, Apple Tree Dental provides Short-Term Disability coverage for qualified accident or illness/ pregnancy.

Benefit Summary	
Waiting Period	For Accident: beginning on the 1st day For Illness / Pregnancy: beginning on the 8th day
Percent of Income Replacement	60% to a maximum of $500
Maximum Benefit Period	13 weeks
Maternity Benefit	Covered at 6 weeks less than the elimination period
Partial Disability	Included—total disability not required to be eligible for benefits

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

Long-Term Disability

Administered by Lincoln Financial Group

100% Paid by Apple Tree Dental

Monthly expenses add up quickly. Ask yourself how you would cover these expenses if you are unable to work and earn a paycheck. The Lincoln Financial Group's Disability Income Protection insurance can help you meet expenses by replacing a portion of your monthly income if you become disabled.

Benefit Summary	
Waiting Period	90 days—period of time before LTD benefits begin. No gap in coverage between STD and LTD Disability benefit payment period
Percent of Income Replacement	60% to a maximum of $5,000
Maximum Benefit Period	2 Years / to SSNRA
Pre-Existing Condition Limitation	3/12
Definition of Disability	Own occupation for 2 years; any occupation thereafter
Partial Disability	Included—total disability not required to be eligible for benefits
Additional Payments	If you have a loss of 2 of 6 activities of daily living, benefits pay an additional 20% to a maximum of $5,000

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

**Dentists, please see HR for more Long-Term Disability information.*

Employee Assistance Program (EAP)

Administered by Lincoln Financial Group

Life has its share of ups and downs — and sometimes you may need a little guidance through the "downs." EmployeeConnectSM services included with your long-term disability insurance offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

Your EmployeeConnectSM Benefits

Unlimited 24/7 Assistance

You can access the following services anytime online or with a toll-free call:

- Information resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

In-Person Guidance

Some matters are best resolved by meeting with a professional in person. With EmployeeConnectSM, you get:

- In-person help for short-term issues (up to four* sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee

Online Resources

EmployeeConnectSM offers a wide range of information and resources that you can research and access on your own just by visiting GuidanceResources.com. You'll find:

- Articles and tutorials
- Streaming videos
- Interactive e-tools -- including financial calculators, budgeting spreadsheets, and a language translator

This card is your connection to real support for real-life issues.

Cut out and keep it with you at all times.

EmployeeConnect℠

Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

ComPsych® GuidanceResources® Worldwide

Visit www.Lincoln4Benefits.com or www.GuidanceResources.com (user name = LFGsupport; password = LFGsupport1). Or talk with a specialist at 888-628-4824.

- **Family**
- **Parenting**
- **Addictions**
- **Emotional**
- **Legal**
- **Financial**
- **Relationships**
- **Stress**

Retirement Plan

Administered by ADP

Plan Year: October 1 through September 30

401(k) Retirement Plan

The future offers the potential for a longer life and the need for more income in retirement. You may need 70%-90% of your current annual income to replace your salary and live comfortably once you stop working or change your lifestyle in retirement. We all want the financial security to afford to spend retirement as we choose. And while Social Security may help, it probably won't be enough. It's up to you to make up the difference — and your plan can help.

Apple Tree Dental 401(k) Plan can help you reach your future financial goals, and it's easy to get started. The sooner you enroll, the sooner you can take advantage of these great benefits:

- Tax-advantaged saving through pretax contributions and the Roth 401(k) option
- Employer contributions
- Convenient, automatic payroll deductions
- Investments that make saving easy
- Plan features that simplify planning
- An account you can take with you

Your Contributions

How much you save will have a big impact on how much money you will have when you retire. You can contribute from 1% to 80% of your pretax salary to the plan each year. Your plan also allows you to contribute on an after tax basis through Roth 401(k) contributions.

The IRS limit on your total annual contributions for 2020 is as follows:

- $19,500/annually
- If you are 50 or older, you can make an additional annual "catch-up" contribution of $6,500/annually

The IRS limit on your total annual contributions for 2021 is as follows:

- $20,000/annually
- If you are 50 or older, you can make an additional annual "catch-up" contribution of $6,500/annually

Try to save as much as you can to meet your retirement goals and take full advantage of the employer match and tax savings your plan offers.

Your Employer Helps

Pretax Savings (It costs less than you think to save for your retirement)			
Annual Salary $30,000/Tax Bracket 15%			
Pretax Contribution Rate	2%	4%	6%
Weekly Plan Contribution	$11.54	$23.08	$34.62
Weekly Tax Savings	$1.73	$3.46	$5.19
Weekly Out-of-Pocket Amount	$9.81	$19.62	$29.43
Annual Contribution	$600	$1,200	$1,800
Account Balance After 30 Years	$75,015	$150,030	$225,044

When you participate in the plan, your employer will match 50% up to the first 4% of your eligible compensation. You decide how to invest this contribution.

This chart is for illustrative purposes only. This example assumes contributions made at the beginning of the month and an 8% annual effective rate of return compounded monthly. Results are not meant to represent past or future performance of any specific investment vehicle. Investment return and principal value will fluctuate and when redeemed, the investment may be worth more or less than its original cost. Taxes are due upon withdrawal. Withdrawals taken prior to age 59½ may be subject to a 10% tax penalty.

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Plan Document.

Paid Time Off (PTO) and Holidays

Administered by Apple Tree Dental

Plan Year October 1, 2020 through September 30, 2021

PTO Accrual

During your employment, you will accrue paid time off as follows for use in accordance with Apple Tree policy and practice:

Length of Service	PTO Accrued	Maximum Balance
At hire	.0385 hours/hour worked/pay period	80 hours
Over 1 but less than 5 years	.0577 hours/hour worked/pay period	120 hours
Over 5 years	.0769 hours/hour worked/pay period	160 hours

Holidays

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Please see employee handbook for more information.

Apple Tree Dental Benefits Center

Your Benefits and Company Information Are At Your Fingertips—visit online today!

The Apple Tree Dental Benefits Center is our new employee communication portal that provides employees and their family members with 24/7 access to comprehensive benefit information, enrollment forms, and company information.

Here's What You Can Find

- Benefit Plan Summaries and Details
- Benefit Plan Forms, Documents, and Carrier Resources & Links
- The BRANCH Newsletters
- Employment Policy Handbook
- Wellness Information, Including Links to HealthPartners and EyeMed
- Live Well Work Well Monthly Newsletters and Tip Sheets
- Enrollment Information and Links
- Specific Documents and Disclosures
- Life Event Checklists
- Health Care Reform Information
- Benefit/Financial Calculators
- Information on State and Federal Programs
- Benefits Glossary From A- Z
- And much more

You can access Apple Tree Dental Benefits Center anytime by going to:

www.appletreedental.benefithub.com

Legal Notices

1. HIPAA Special Enrollment Rights
2. Women's Health and Cancer Rights Act Annual Notice
3. HIPAA Notice of Privacy Practices
4. Medicaid and the Children's Health Insurance Program Offer Free or Low-Cost Health Coverage to Children and Families (CHIPRA Notice)
5. Initial/General Notice of COBRA Continuation Coverage Rights
6. Newborn's and Mother's Health Protection Act
7. Annual Medicare Part D Certification (Creditable Coverage Notice)
8. Marketplace Notice

Please take time to familiarize yourself with this information. If you have dependents that are enrolled in Apple Tree Dental plan(s), please make sure they also have the opportunity to review this information.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Chad Engstrom at (763)-600-6830 or by email at cengstrom@appletreedental.org.

Women's Health and Cancer Rights Act Annual Notice

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide.

Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymph edemas.

These benefits are subject to the same deductible, copayments and coinsurance that apply to mastectomy benefits under the plan.

HIPAA Notice of Privacy Practices

This notice is to advise you that Apple Tree Dental maintains a HIPAA privacy policy and a notice of the company's privacy practices is available to you at any time. If you would like to request a copy of the privacy practice, please contact Chad Engstrom at (763)-600-6830/ or by email at cengstrom@appletreedental.org.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child- health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance- buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrec overy.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
INDIANA – Medicaid	**MINNESOTA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs- and-services/other-insurance.jsp Phone: 1-800-657-3739

IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	**NEW HAMPSHIRE – Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852- 3345, ext 5218
NEW JERSEY – Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/ HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN–Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and- eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

General Notice of COBRA Continuation Coverage Rights

Upon enrollment in our medical, dental and/or life coverage, we are required to send you (and your family) the **General Notice of COBRA Continuation Coverage Rights**. This notice explains continuation of your coverage and when it may become available to you and/or your family members under the federal COBRA law. It also provides you important information regarding your responsibilities if you were to experience a "qualifying event". For instance, if your dependent child loses eligibility on the Apple Tree Dental plan, you must notify Human Resources in writing within 60 days. If you fail to notify your employer, your dependent would lose their right to COBRA continuation. This document is important to read so you are aware of Apple Tree Dental and your rights and responsibilities.

General Notice of Cobra Continuation Coverage Rights
Notice of COBRA Continuation Coverage Rights
(for Apple Tree Dental Health Plan)

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBR continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it**. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. **You may have other options available to you when you lose group health coverage**. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days or less after the qualifying event occurs. You must provide this notice to your HR Department.

Plan contact information

To obtain more information, contact Chad Engstrom at (763)-600-6830/cengstrom@appletreedental.org or Connie Knutson, at (763)-600-6832/cknutson@appletreedental.org.

Newborn's and Mother's Health Protection Act

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of Cesarean section).

Annual Medicare Part D Certification Important Information

Applies if you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee.

Medicare offers insurance coverage for prescription drugs through Medicare Part D. Apple Tree Dental's Medical Plan will continue to offer prescription drug coverage as a benefit under these plans for active employees and their covered dependents. Apple Tree Dental's coverage is considered 'creditable coverage', which means Apple Tree Dental's Medical Plans' prescription drug benefits provide coverage at least as good as or better than Medicare Part D. If you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee, please print the Certificate of Creditable Coverage, and keep it in your records. This Certificate of Creditable Coverage will allow you and your dependents to join Medicare Part D in the future without paying late enrollment fees.

During your employment, you have the option to choose to continue your prescription drug coverage through Apple Tree Dental's Medical Plan or to elect Medicare Part D. However, if you choose to elect Medicare Part D, you will not be eligible to participate in Apple Tree Dental's Medical Plan that provide both medical and prescription drug coverage. Please read materials sent to you from Medicare or other Medicare Part D providers carefully before making your decision.

Important Notice from Apple Tree Dental

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Apple Tree Dental and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Apple Tree Dental has determined that the prescription drug coverage offered by the Medical Plans are, on average for all plan participants, expected to pay out as

much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Apple Tree Dental coverage will not be affected. The $2,000-$40-70% Aware and High Value Network plans offer the following prescription drug coverage for a 1-month supply: 100% coverage after a $15 copay for a Generic prescription; 100% coverage after a $50 copay for a Brand Preferred prescription; 100% coverage after a $100 copay for a Brand Non-Preferred prescription. The $3,000-0% HSA and $4,500-0% HSA Plans offer the following prescription drug coverage for a 1-month supply: 100% coverage after the deductible has been met. Members may keep this coverage if they elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Apple Tree Dental coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Apple Tree Dental and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare

prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Apple Tree Dental changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Apple Tree Dental changes. You also may request a copy of this notice at any time.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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