



2021
*Total Rewards &
Value Physician
Benefit Program*

CONTINUING MEDICAL EDUCATION

CME is offered to physicians to support their professional development and learning needs to equip them to provide world class care to the patients of Altru Health System. CME time is allowed at 17 days per year for full-time physicians (prorated for part-time). All non-associate physicians may receive an annual reimbursement for allowable Altru business expenses to a maximum of \$2,000, associate status to \$3,500 (prorated for part-time). Expenses can be reimbursed above the allowance and, as such, will be treated as pre-tax deductions from the physician's W-2 income.

FEES & DUES

Fees are paid for North Dakota and Minnesota medical licenses, DEA licenses, as well as dues for State and District Medical Associations.

BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident Insurance is paid in the amount of \$150,000. This provides coverage for accidental death while traveling to and from Altru related activities while in the commission of AHS duties. Air travel covered under certain conditions.

RETIREMENT PLANNING

401(K) PLAN

Altru offers a competitive, valuable 401(k) retirement savings plan. As a general rule, you are eligible for the plan if you are age 21 and in a full- or part-time position. For all other employees, you must be age 21 and work at least 1,000 hours during a year of service to become eligible for the plan. Altru will contribute 3% of your compensation on a per pay basis. The 401(k) plan allows you to make pre-tax or Roth (after-tax) contributions. You are vested* in the 401(k) once eligible and contributions are made.

*Vested means all employee and employer contributions belong to you immediately.

457(B) PLAN

Full and part-time Physicians will also have the option to participate in the 457(b) deferred compensation plan. As part of this identified group of highly compensated employees, you are eligible to contribute up to the maximum salary deferral set by the IRS annually to this plan.

EMPLOYEE ASSISTANCE PROGRAM

PHYSICIAN WELLNESS RESOURCES

Physicians face challenges unique to the medical profession. The job can be extremely stressful, and it is often difficult to balance work and family. Family members can also be affected. Physician Wellness Resources, designed specifically for physicians and their families, can help. Cross functional teams provide completely confidential services for you and any member of your family, including spouse, significant other and children (regardless of age or location). Services provided include:

- Physician peer coaching and mentoring
- Time-saving virtual WorkLife Assistant
- Time of need counseling for you and your family
- Stress & burnout
- Depression & anxiety
- Anger management
- Conflict & relationships
- Well being lifestyle changes
- Available anytime day or night
- Telephonic professional & family counseling
- Physician orientation
- Leadership development
- Executive coaching
- Legal & financial resources
- Referral to reputable resources for issues such as chemical dependency

ELIGIBILITY

If you are an employee who is regularly scheduled to work at least 48 hours per pay period, you are eligible for benefits. Flex employees who average 30 or more hours per week, over the defined measurement period of 12 months, are eligible for medical coverage. Benefit coverage generally begins first of the month following the date an employee becomes eligible. Benefits start the first of the month following an employee's eligibility date/date of hire.

Other than Open Enrollment, a qualifying event, such as marriage, birth, divorce, part-time to full-time, etc., is the only other opportunity to change your benefits. You have 31 days from the event to make your change in PlanSource, Altru's benefits administration system, or you will have to wait until Open Enrollment.

DENTAL BENEFITS

Our self-funded dental coverage will provide you and your family affordable options for oral health. Coverage is available from Delta Dental of Minnesota.

	FULL-TIME	PART-TIME
SEMI-MONTHLY CONTRIBUTIONS (24 PAY PERIODS)		
EMPLOYEE ONLY	\$10.50	\$12.50
FAMILY	\$26.50	\$29.00
CALENDAR YEAR DEDUCTIBLE		
	PREMIER/PPO	NON-NETWORK
INDIVIDUAL	\$50	\$50
FAMILY	\$100	\$100
CALENDAR YEAR MAXIMUM		
PER PERSON	\$1,000	\$1,000
COVERED SERVICES		
PREVENTIVE/BASIC/MAJOR	0%/20%/50%*	
ORTHODONTICS	50%	50%
ORTHODONTIC LIFETIME MAXIMUM	\$1,500	

*After Deductible

VISION BENEFITS

Employees have access to a materials only vision plan offered through EyeMed. This voluntary plan allows employees and their dependents additional benefits for eyeglasses and contacts. The exam would still be covered under the medical plan.

	FULL-TIME	PART-TIME
SEMI-MONTHLY CONTRIBUTIONS (24 PAY PERIODS)		
EMPLOYEE ONLY	\$3.30	\$3.30
EMPLOYEE + SPOUSE	\$6.27	\$6.27
EMPLOYEE + CHILD(REN)	\$6.60	\$6.60
FAMILY	\$9.70	\$9.70
	IN-NETWORK	OUT-OF-NETWORK*
STANDARD PLASTIC LENSES (Single/Bifocal/Trifocal/Lenticular)	\$10 copay	Allowance Amount
FRAMES	\$150 allowance, 20% off balance	Up to \$105
CONTACT LENSES		
MEDICALLY NECESSARY	\$0 copay; paid in full	Up to \$150
CONVENTIONAL/DISPOSABLE	\$150 allowance	
FREQUENCY (Lenses or Contacts/Frames)	12/12/12 months	

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

MEDICAL BENEFITS

Our self-funded medical coverage helps you maintain your well-being through preventive care and access to an extensive network of physicians, as well as affordable prescription medication. Medical coverage is provided by Altru and You with Medica. To see a current list of network physicians online, visit www.medica.com.

	TRADITIONAL PLAN		HDHP PLAN			
SEMI-MONTHLY CONTRIBUTIONS (24 PAY PERIODS)						
	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME		
EMPLOYEE ONLY	\$57.00	\$106.00	\$60.50	\$111.50		
EMPLOYEE + SPOUSE	\$203.00*	\$298.50*	\$217.00*	\$312.00*		
EMPLOYEE + CHILD(REN)	\$145.50	\$233.00	\$154.00	\$241.50		
FAMILY	\$259.00*	\$408.00*	\$276.00*	\$425.00*		
CALENDAR YEAR DEDUCTIBLE						
	ALTRU NETWORK	OUT-OF-NETWORK	ALTRU NETWORK	OUT-OF-NETWORK		
INDIVIDUAL	\$1,000	\$4,000	\$2,000	\$3,500		
FAMILY	\$2,000	\$8,000	\$3,500	\$7,000		
COINSURANCE (EMPLOYEE PAYS)	25%**	40%**	25%**	40%**		
DEDUCTIBLE SET-UP	Embedded		Non-Embedded			
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$4,000	\$8,000	\$3,500	\$7,000		
FAMILY	\$8,000	\$16,000	\$7,000	\$14,000		
COPAYS/COINSURANCE						
PREVENTIVE CARE	Covered in Full	40%**	Covered in Full	40%**		
OFFICE VISIT	\$30 copay	40%**	25%**	40%**		
SPECIALIST VISIT	\$60 copay	40%**	25%**	40%**		
EMERGENCY ROOM	\$450 copay		25%**			
ALTRU PHARMACY (UP TO 100-DAY SUPPLY) / RETAIL RX (UP TO 34-DAY SUPPLY)						
	ALTRU NETWORK	MEDICA NETWORK	OUT-OF-NETWORK	ALTRU NETWORK	MEDICA NETWORK	OUT-OF-NETWORK
GENERIC	\$15 copay	Greater of \$15 or 30%	40%	20%**	30%**	40%**
PREFERRED	\$45 copay	Greater of \$45 or 30%	40%	20%**	30%**	40%**
NON-PREFERRED	\$75 copay	Greater of \$75 or 30%	50%	20%**	30%**	40%**
SPECIALTY	\$200 copay	N/A	N/A	20%**	N/A	N/A
DIABETES COPAY MAXIMUM	\$25 maximum		N/A	N/A	N/A	N/A

*Contributions do not include Working Spousal Surcharge or Tobacco Surcharge, which may apply.
**After Deductible

TYPE OF SURCHARGE	PER PAY PERIOD AMOUNT	NOTES
Working Spousal Surcharge	\$50	Applies when spouse has insurance offered by their employer
Tobacco Surcharge	\$25	Applies to tobacco users who have not completed alternative programming

INCOME PROTECTION (SAFETY NET BENEFITS)

SHORT TERM DISABILITY

Altru Health System provides this benefit at no cost to the employee. Short Term Disability (STD) insurance protects a portion of your income if you become partially or totally disabled due to short-term illness, injury or maternity leave. Once you are out of work for 7 days as the result of an illness, injury or maternity leave, you could be eligible for the STD benefit. This insurance replaces 60% of your income up to a weekly maximum. The benefit will continue for up to 180 days if you continue to be unable to perform the material and substantial duties of your own occupation.

LONG TERM DISABILITY

Long Term Disability (LTD) insurance protects a portion of your income if you become partially or totally disabled for an extended period of time. This insurance replaces 60% of your income, up to a maximum of \$15,000 per month, depending on your current annual earnings. You must be sick or disabled for a least 180 days before you can receive a benefit payment. Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your Summary Plan Description for details or contact Human Resources for specific benefits.

SUPPLEMENTAL SAFETY NET BENEFITS

Eligible employees may purchase Accident, Critical Illness and Hospital Indemnity in addition to their disability coverage. These benefits are designed to help offset the out-of-pocket cost of services by paying the member a lump sum based on the services they have received. Please review your options when you enroll.

FSA

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll deductions to pay for out-of-pocket expenses such as deductibles, copays and coinsurance, as well as dependent care expenses.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You can contribute up to \$2,750* for qualified medical expenses with pre-tax dollars, which will reduce the amount of your taxable income and increase your take-home pay. The medical FSA does allow a rollover of unused funds, up to \$550, into the following Plan Year. If you are enrolled in the Health Savings Account (HSA), you are not eligible to contribute to the Health Care Flexible Spending Account.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

Designed to complement a Health Savings Account, a Limited Purpose Flexible Spending Account (LPFSA) allows for reimbursement of eligible dental and vision expenses. You may contribute up to \$2,750* in the LPFSA. The LPFSA does allow a rollover of unused funds, up to \$550, into the following Plan Year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

This account allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before-and-after school care. With the Dependent Care FSA, you are allowed to set aside up to \$5,000 per household to pay for child or elder care expenses on a pre-tax basis.

*Note: The deferred contribution limit set annually by the IRS was \$2,750 in 2020. This amount is adjusted annually. Altru Health System will adopt the increased amount when it is announced by the IRS.

LIFE AND AD&D BENEFITS

BASIC EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Basic Life and AD&D benefits are provided to you as an Altru-paid benefit. Altru Health System provides employees with Basic Life and AD&D insurance through Lincoln Financial Group, which guarantees that loved ones, such as a spouse/domestic partner or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Life Insurance Benefit is 1 x your yearly earnings to a maximum amount of \$500,000. There is a minimum of \$200,000 for full-time physicians and a minimum of \$100,000 for part-time physicians. A \$50,000 cap option is available, but is irrevocable if you elect it and you cannot enroll in Optional Life for yourself or your family, including any future dependents.

OPTIONAL LIFE INSURANCE

You may purchase Optional Life insurance through post-tax payroll deductions for yourself up to a maximum of 5x your annual earnings not to exceed \$1 million (basic and optional life combined). Evidence of Insurability (EOI) may be required. Optional Life insurance is available in \$5,000 increments for your spouse/domestic partner, up to \$25,000. EOI may be required. You may also purchase Optional Life insurance in a flat dollar amount of \$5,000 or \$10,000 for your child(ren) up to a maximum of \$10,000.

OPTIONAL LIFE INSURANCE			
RATES/\$1,000 (SEMI-MONTHLY)			
AGE (AS OF JANUARY 1, 2021)	EMPLOYEE	AGE (AS OF JANUARY 1, 2021)	SPOUSE/ DOMESTIC PARTNER
Younger than 30	\$0.015	Younger than 30	\$0.016
30-34	\$0.017	30-34	\$0.018
35-39	\$0.028	35-39	\$0.030
40-44	\$0.049	40-44	\$0.054
45-49	\$0.076	45-49	\$0.083
50-54	\$0.132	50-54	\$0.143
55-59	\$0.195	55-59	\$0.212
60-64	\$0.261	60-64	\$0.283
65+*	\$0.480	65+*	\$0.521

*Benefits Subject To Age Reduction Schedule

OPTIONAL CHILD LIFE INSURANCE	
PREMIUM RATES - (SEMI-MONTHLY)	
\$5,000 for each eligible child	\$0.385
\$10,000 for each eligible child	\$0.770

HSA

Take charge of your health care spending with a Health Savings Account (HSA). Those employees who elect the HDHP or High Deductible Health Plan are eligible to elect an HSA. The HDHP is an innovative health plan aimed at reducing health care costs by engaging participants and allowing flexibility and control over how health care dollars are spent. In electing an HDHP and HSA, participants gain the ability to contribute and invest tax-free dollars and use contributions to pay for eligible expenses, including any costs that may go towards the plan's deductible. Members will have no copays for complete cost transparency, and all qualified employee-paid medical expenses will count towards the deductible and out-of-pocket maximum. Your HSA can also be used to pay for the qualified expenses of your spouse and/or dependents(s), even if they are not covered by your plan.

No matter what, the money in the account is yours, and will carry over year to year. IRS Publication 502 provides a complete list of eligible expenses: visit www.irs.gov for details.

For 2021, contributions (which include employer contributions) are limited to the following:

Individual: \$3,600 **Family:** \$7,200 **Catch-Up Contributions (Ages 55+):** \$1,000

Altru Health System will provide an HSA employer contribution that will be deposited on a per-pay-period basis. Newly eligible employee elections will be prorated.

Individual: \$500 **Family:** \$1,000 (Includes all plans covering dependents)

VACATION TIME

Altru Physicians are provided vacation based on years of service and utilize time off from the period of December 1 through November 30.

PHYSICIAN VACATION TIME

YEARS OF SERVICE	EQUIVALENT ANNUAL ALLOWED
First Year	One day for each month employed
1	15 days plus ½ a day for each month employed in the previous year
2	21 days
3	25 days
4	26 days
5	27 days
6	28 days
7	29 days
8-10	30 days
11-15	31 days
16-20	32 days
21-25	33 days
26-30	34 days
30+	35 days

PAID PARENTAL LEAVE

We offer three parental leave benefits that protect your income at 100%. To be eligible, you must be employed for at least 12 months and meet the criteria outlined in the policy.

- Paid Maternity Benefit: Eligible employees will receive eight weeks of paid maternity leave to help the birth mother recover and bond with their newborn.
- Paid Adoption Benefit: Eligible employees who are the primary caregiver will receive four weeks of paid adoption leave to bond with their newly adopted child. Eligible employees who are the secondary caregiver will receive two weeks of paid adoption leave.
- Paid Paternity Benefit: Eligible employees who are the father or secondary caregiver will receive two weeks of paid paternity leave to bond with their newborns.

IMPORTANT CONTACTS

COVERAGE	CONTACT	COVERAGE	CONTACT
MEDICAL	Altru & You with Medica Medica Health System 855-400-9652 www.mymedica.com	RETIREMENT	401(k), Alerus 800-433-1685 www.alerusrb.com
DENTAL	Delta Dental of Minnesota 800-448-3815 www.deltadentalmn.org	EMPLOYEE ASSISTANCE PROGRAM	VITAL WorkLife 800-383-1908 www.vitalworklife.com
VISION	EyeMed Vision Care 866-939-3633 www.eyemedvisioncare.com	SUPPLEMENTAL SAFETY NET BENEFITS	Cigna 800-754-3207 www.mycigna.com
HEALTH SAVINGS ACCOUNT	Alerus 877-661-4727 www.alerusrb.com	MANAGED CARE	701-780-1601 (Last Name A - K) 701-780-1610 (Last Name L - Z)
FLEXIBLE SPENDING ACCOUNTS	PayFlex 844-PAYFLEX (844-729-3539) www.payflex.com	ALTRU HEALTH SYSTEM HUMAN RESOURCES	701-780-5107 hrhelpdesk@altru.org
LIFE AND AD&D & DISABILITY	Lincoln Financial Group 855-818-2883 www.lfg.com GROUP ID: ALTRU Life: 000010081885 STD: 000010119426 LTD: 000010081886	LOCKTON MOBILE APP	Username: Altrubenefits Password: altru

This brochure is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal Plan document and does not imply a guarantee of employment or a continuation of benefits. While this brochure is a tool to answer most of your questions, full details of the Plans are contained in the Summary Plan Descriptions (SPDs) which govern each Plan's operation. Whenever an interpretation of a Plan benefit is necessary, the actual Plan documents will be used.