



SAINT PAUL
MINNESOTA



2024 Employee Benefits Book


City of Saint Paul

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SAINT PAUL
MINNESOTA

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Medical Insurance

Your Medical Insurance Coverage

The medical plan options provide regular medical care and pharmacy benefits for the diagnosis and treatment of most illnesses and injuries. In-network preventive care is covered at no cost to you.

There is no pre-existing condition clause. This means that you and your eligible dependents have coverage for any medical condition, including pregnancy as soon as your coverage becomes effective.

Eligible dependents under employee coverage include:

- Legally married spouse;
- Your biological, adopted and step children under the age of 26;
- Grandchildren under the age of 25 whom the employee has full and permanent legal and physical custody.

Medica administers the City of Saint Paul plans for employees and their families.

Plan options

We offer a \$2,500 deductible plan with four network options and a copay plan with one network option.

Remember, preventive dental is a separate plan that is **NOT INCLUDED** with your medical coverage. Please see the Dental section of this book on page 11 for more information.

Rate tiers

Who you cover under your plan determines which rate tier will apply to you:

- Employee only
- Family (employee + spouse and/or dependents)

2024 Monthly Rates	Single Coverage		Family Coverage	
	Total Cost	Employee Cost	Total Cost	Employee Cost
\$2,500 Choice with UHC PPO	\$755.26	\$28.56	\$1,971.92	\$247.24
\$2,500 Elect Plan	\$680.18	\$0.00	\$1,776.50	\$51.82
\$2,500 VantagePlus Plan	\$680.18	\$0.00	\$1,776.50	\$51.82
\$2,500 Park Nicollet/HP First	\$676.06	\$0.00	\$1,765.74	\$41.06
Copay Choice with UHC PPO	\$965.36	\$566.48	\$2,532.24	\$1,784.02

Employee contributions are determined by your specific bargaining contract or City Council Resolution. Please check Infor for your per paycheck contribution for each plan.

How to enroll

Make your selection online through Infor within the first 30 days of your employment or newly benefits-eligible position.

The City hosts an annual open enrollment period every October when benefits eligible employees can make changes to their elected benefits including adding or removing dependents.



Medical Plan Network Descriptions

Medica Choice Passport—\$2,500 Choice with UHC PPO Plan & Copay Choice with UHC PPO Plan
Nationwide network/ Mayo Clinic is included in this plan.

The Medica Choice Passport national network has the largest number of providers to choose from. With hundreds of thousands of providers throughout the county, there's a good chance your current doctors are included in the Medica Choice Passport network.

Medica Elect—\$2,500 Elect Plan
Care systems network in Minnesota and northwestern Wisconsin including Allina, Hennepin Healthcare, and Park Nicollet. Mayo Clinic is not included in this plan.

The Medica Elect care system network is made up of several groups of doctors, nurses and other health care providers that work together to take care of you. With Medica Elect, you enroll in a primary care clinic. This is the main place you'll go when you need care. Each family member can choose a different primary care clinic. Your primary care clinic is affiliated with a care system. If you need to see a specialist or go to the hospital, make sure they're in your care system. If you need to be referred to an out-of-network provider, you must also get Medica's approval.

You and your family members can each choose a primary care clinic (PCC) from care systems in the Elect network. Each primary care clinic has a PCC number attached to it. You'll need that 11-digit number when you enroll.

If you decide to change your clinic during the year, just contact Medica's Member Services at 952-945-8000 or 800-952-3455 by the 20th of the month. Your request to change will go into effect the first of the following month. You can change clinics more than one time per year.

VantagePlus with Medica—\$2,500 Vantage Plus
Accountable care organization (ACO) network in Twin Cities metro area including M Health Fairview North Memorial Health, and many popular independent clinics. Mayo Clinic is not included in this plan.

In the VantagePlus with Medica accountable care organization network, groups of doctors, hospitals, and other health care providers work together with your health plan to provide coordinated care. That means you receive enhanced care, usually at a lower cost.

Park Nicollet and HealthPartners Medical Group First with Medica—\$2,500 Park Nicollet and HealthPartners Medical Group First
Accountable care organization (ACO) network in Twin Cities metro area including Park Nicollet. Mayo Clinic is not included in this plan.

In the Park Nicollet and HealthPartners Medical Group First accountable care organization network, groups of doctors, hospitals, and other health care providers work together with your health plan to provide coordinated care. That means you receive enhanced care, usually at a lower cost.

Choose your medical plan and network carefully!

You will not be allowed to change your medical plan/network after completing your enrollment unless you experience a life event.

FOR MORE INFORMATION

Medica Customer Service: 800-952-3455; TTY users, please call 711

Current member site: www.medica.com/signin

Pre-enrollment site: www.welcometomedica.com/cityofstpaul



Medical Pharmacy Benefits

Your plan covers a variety of prescription drugs and includes options for filling your prescriptions.

To obtain a list of covered drugs please contact Medica Customer Service at 800-952-3455. This list includes both brand-name and generic drugs and is reviewed and updated regularly by a group of independent physicians and pharmacists. Your doctor can use this list to choose the medications that are right for you, while helping you get a good value.

The drug list is divided into three groups, which determine your share of the costs:

- Generic drugs have the lowest copay of \$10.
- Preferred brand drugs have higher copay of \$35.
- The copay for non-preferred brand drugs is \$50. These drugs often have a much higher cost and there is usually an equivalent preferred brand option.

In addition to a lower out-of-pocket cost to you, generic and preferred brand drugs also have a lower cost to the plan which helps keep premiums affordable.

How do I fill my prescriptions?

You can fill your prescriptions at a retail pharmacy in Medica's large pharmacy network. The network includes chain pharmacies like Walgreens and CVS pharmacy as well as independent neighborhood pharmacies. Contact Medica Customer Service at 800-952-3455 if you have questions about how to fill your prescription.

Mail order

If you have a prescription for a long-term condition, getting your drugs through the mail may be a convenient option for you. With mail order, you can have a 93-day supply of ongoing medications mailed right to your home with no shipping or handling fees.

What is a specialty drug, and how do I get a specialty prescription filled?

Some medications are considered specialty drugs. These drugs are used to treat certain complex health problems. Specialty drugs tend to be very expensive and may need special handling. Most of these prescriptions can be filled through Medica's designated specialty pharmacy, Accredo.

FOR MORE INFORMATION

Medica Customer Service: 800-952-3455; TTY users, please call 711

Pre-enrollment site: www.welcometomedica.com/cityofstpaul

Member site: www.medica.com/signin



Medical Plan Comparison

\$2,500 Choice with UHC PPO Plan \$2,500 Elect Plan \$2,500 Park Nicollet and HealthPartners Medical Group First Plan \$2,500 VantagePlus Plan			Copay Choice with UHC PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	\$2,500 per person \$3,500 per family	\$3,000 per person \$5,500 per family	No deductible	\$300 per person \$900 per family
Annual out-of-pocket limit	\$3,500 per person \$3,500 per family	\$5,000 per person \$7,000 per family	\$3,000 per person \$5,000 per family	\$4,000 per person \$6,000 per family
Primary care visit, chiropractic visit, specialist visit	20% coinsurance	35% coinsurance	\$35 copay/ visit Deductible does not apply	35% coinsurance
Convenience care visit	20% coinsurance	35% coinsurance	\$15 copay/ visit Deductible does not apply	35% coinsurance
Preventive care/screening/immunization	No charge Deductible does not apply	Well child care: 0% coinsurance Deductible does not apply Other services: 35% coinsurance	No charge Deductible does not apply	Well child care: 0% coinsurance Deductible does not apply Other services: 35% coinsurance
Diagnostic test (x-ray, blood work)	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance	35% coinsurance	20% coinsurance Deductible does not apply	35% coinsurance
Outpatient surgery	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Emergency room care	20% coinsurance	Covered as in-network benefit	\$55 copay/ visit Deductible does not apply	Covered as in-network benefit
Emergency medical transportation	20% coinsurance	Covered as in-network benefit	No charge Deductible does not apply	Covered as in-network benefit
Urgent care	20% coinsurance	Covered as in-network benefit	\$35 copay/ visit Deductible does not apply	Covered as in-network benefit
Hospital stay	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Mental health, behavioral health, or substance abuse services	20% coinsurance	20% coinsurance	No charge	0% coinsurance Deductible does not apply
Generic drugs	Retail: \$10/ prescription Mail order: \$20/ prescription Deductible does not apply	35% coinsurance	Retail: \$10/ prescription Mail order: \$20/ prescription Deductible does not apply	35% coinsurance
Preferred brand drugs	Retail: \$35/ prescription Mail order: \$70/ prescription Deductible does not apply	35% coinsurance	Retail: \$20/ prescription Mail order: \$40/ prescription Deductible does not apply	35% coinsurance
Non-preferred brand drugs	Retail: \$50/ prescription Mail order: \$100/ prescription Deductible does not apply	35% coinsurance	Retail: \$35/ prescription Mail order: \$70/ prescription Deductible does not apply	35% coinsurance
Specialty drugs	Preferred: 20% coinsurance; \$200 maximum/ prescription Non-preferred: 30% coinsurance Deductible does not apply	Not covered	Preferred: 20% coinsurance; \$200 maximum/ prescription Non-preferred: 30% coinsurance Deductible does not apply	Not covered

Unless noted, deductible must be met before coinsurance applies. This is a summary of your benefits. Not all benefits are listed. In the event of a discrepancy the official plan document(s) will govern.



Medical Network Comparison

	Medica Choice® Passport \$2,500 Choice with UHC PPO Plan Copay Choice with UHC PPO Plan	Medica Elect® \$2,500 Elect Plan	Park Nicollet and HealthPartners Medical Group First with Medica \$2,500 Park Nicollet HealthPartners Plan	VantagePlus with Medica \$2,500 VantagePlus Plan
What kind of network?	Nationwide network	Care system network in Minnesota and northwestern Wisconsin	Accountable care organization (ACO) network in Twin Cities metro area	Accountable care organization (ACO) network in Twin Cities metro area
What are the features?	<ul style="list-style-type: none"> One of the largest networks in the nation Nationwide coverage when you travel No referrals needed 	<ul style="list-style-type: none"> A medium-sized regional network Nationwide coverage when you travel A medical home—you choose a primary care clinic and receive care from providers in your care system 	<ul style="list-style-type: none"> Access to an integrated health care system that includes more than 50 neighborhood clinics and features primary care, urgent care and more than 55 medical specialties Nationwide coverage when you travel No referrals needed when visiting a network provider 	<ul style="list-style-type: none"> More than 4,800 providers, 650 clinics and 11 hospitals Nationwide coverage when you travel See any primary or specialty care provider in the network without a referral
Who's in the network?	The Medica Choice with UnitedHealthcare Options PPO network includes more than 98% of providers in Minnesota including Allina Health, HealthPartners, Mayo Clinic Health System, M Health Fairview (the new name representing all of Fairview, HealthEast and many University of Minnesota Physicians sites), North Memorial Health and Park Nicollet.	The following care systems are included in the Medica Elect network: <ul style="list-style-type: none"> Allina Health Children's Health Network Hennepin Healthcare Integrity Health Network Lakeview Medical Care System Minnesota Healthcare Network Park Nicollet Health Services RiverWay/North Suburban Clinics St. Luke's Care System 	Park Nicollet and HealthPartners Medical Group First with MedicaSM connects you with the providers you know and trust from your neighborhood clinics, specialty centers, and hospitals. We're here for you when you need a well exam, health screenings, immunizations, or an immediate medical need. You can count on us to help you live well at every stage of life.	VantagePlus with MedicaSM lets you connect with providers you know and trust. The network includes M Health Fairview, North Memorial Health, and many popular independent clinics. You'll also have in-network access to academic medicine and providers at the University of Minnesota. Plus, high-level trauma care from providers at North Memorial Health.

For more information about your plan and network options, visit welcometomedica.com/cityofstpaul.

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VEBA/HRA

The City of Saint Paul has established a health reimbursement arrangement (HRA) that provides tax-free reimbursement of eligible health care expenses not paid by other insurance. Plan benefits are funded by the City using a Voluntary Employees' Beneficiary Association trust (VEBA). Unused funds in members' accounts are permitted to be carried over from year to year to build for future expenses.

VEBA contributions are based on your bargaining unit contract and your medical plan/coverage level:

Medical Plan	Coverage Level	City Contribution
\$2,500 Choice with UHC PPO or \$2,500 Elect Plan or \$2,500 Vantage Plus or \$2,500 Park Nicollet First	Single	\$225.00 each quarter (\$900 for the year)
	Family	\$135.00 each quarter (\$540 for the year)

Please note: Employees can earn an additional quarterly VEBA/HRA contribution by completing the requirements of the Healthy Saint Paul program. See page 9 for ways a list of the Healthy Saint Paul program requirements.

Eligible expenses

This account can be used to pay for health care expenses incurred by yourself, your spouse and/or your eligible dependents that are **enrolled** in the City's medical plan if:

- The expense would be deductible by you on your federal income tax return if you paid the expense directly, and
- The expense is not paid by any other health plan or from some other source.

Health care expenses include deductibles, coinsurance, copays and other out-of-pocket expenses for medical, prescription drug, dental, and vision. For additional examples see the Health Care FSA section on page 25.

You can participate in both a medical flexible spending account (FSA) and a HRA in the same plan year. If you elect to participate in both, eligible expense reimbursements will always be paid from your FSA account first before they are paid from your VEBA/HRA account. Remember, unused VEBA/HRA funds automatically carry over from year to year. However, you are only allowed to roll-over \$500 from your FSA each year.

Filing reimbursement claims

Benefit Resource (BRI) is the claims administrator. There are multiple ways you can file a claim to receive reimbursement from your VEBA/HRA:

Debit Card

There will be a debit card available for your account. The debit card is just one way of accessing your VEBA/HRA Account.

From Your Smartphone

Upload your claims using the mobile app 'BRiMobile app'.

Online

File your claims online and upload receipts via www.briweb.com participant portal website. Detailed instructions can be found in the VEBA/HRA Consumer Portal Quickstart Guide Documents online in your individual account. See this link for more information <https://www.benefitresource.com/blog/plan-highlights/>

Manual

You may file claims using the paper form(s) available on the [website](http://www.benefitresource.com) under the Forms tab and attach required receipts according to IRS rules. New website is [benefitresource.com](http://www.benefitresource.com)

See page 30 for more information on required documentation.

IMPORTANT

Reimbursement requests for the VEBA/HRA must be received at Benefit Resource (BRI) prior to the deadline. The deadline to submit reimbursement request is 365 days after the date of service.



Access to claims and balance information

To access VEBA/HRA claims information/history and balance information, go to www.briweb.com. Click on the Participant Portal Icon.

- If you have not accessed your account before, Members will click on “Register an Account”, then enter the company code **stpaul**, First Name, Last Name, Date of Birth, and Home Zip Code.

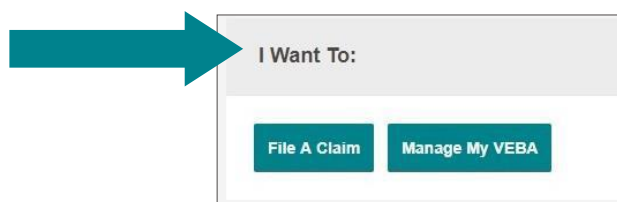
Tutorial on how to access your account: [Click Here](#)

- If you have previously accessed your account, enter your Username and Password in the applicable spaces. If we have your email address on file or you enter it in your account, you will receive quarterly statements and other relevant correspondence regarding your account(s) via email rather than U.S. mail.

After entering your logon ID and password, you can review your balances, claims history, file claims, or look up Frequently Asked Questions. If you have any questions regarding your claim, please contact Benefit Resource at 320-316-0521.

Navigate Between Your Benefit Resource (BRI) Account and Your VEBA Investments

Benefit Resource has partnered with BPAS, who acts as the daily valued record-keeper and custodian of your VEBA account. Access the Manage My VEBA button from the Home Page in your Benefit Resource account under the “I Want To” sections to work with your VEBA investments.



ACCOUNT TYPE	PLAN YEAR	ANNUAL ELECTION	AMOUNT PAID	BALANCE
VEBA Health Reimbursement Account	01/01/2021 - 12/31/2021	---	\$0.00	\$0.00

Frequently Asked Questions

How often is my VEBA/HRA account funded?

Your VEBA/HRA account is funded quarterly.

If I complete the Healthy Saint Paul program requirements what is the additional incentive?

Employees enrolled in a qualified City medical plan who complete all the Healthy Saint Paul program requirements by the deadline will receive an additional VEBA/HRA contribution of \$225/quarter. Go to page 10 for a list of activities.

How can I take money out of my VEBA/HRA account?

You or your dependents enrolled in the City medical plan must incur a qualified expense and submit a completed Claim via mail, online, or by using your smartphone. You can even use the debit card provided. You will need to include substantiation of your expenses such as a detailed receipt or an Explanation of Benefits (EOB) from Medica.



Can I participate in a flexible spending account also?

Yes. If you have both a FSA and HRA, submitted expenses will be deducted from the FSA first. Once the FSA is exhausted, then your VEBA/HRA account is debited.

Is there any annual “use-it-or-lose-it” requirement?

No. Unlike FSAs, unused funds in your VEBA/HRA account are carried over from year to year. Having said that, however, the City has a carryover provision to the FSA, meaning \$500 or less can be carried over to the new plan year.

What if my expense is more than the balance in my VEBA/HRA account?

You can submit the expense, but you will only be reimbursed up to the amount that is in your account at that time. The remainder of the expense will be carried forward until you have additional funds for reimbursement.

Are insurance premiums eligible for reimbursement?

As an active City employee, only tax-qualified long-term care premiums are eligible for reimbursement up to the IRS limits. All other insurance premiums are not eligible for reimbursement.

Whose expenses are eligible for reimbursement?

Qualified expenses incurred by you, your spouse, or any tax-qualified dependents that are enrolled in the City medical plan are eligible for reimbursement. Tax-qualified dependents are defined in Internal Revenue Code Section 105(b) and described in IRS Publication 502.

What happens if I take a leave of absence?

As long as you remain enrolled in the City’s medical plan you can continue to submit reimbursements for qualified medical expenses until your funds are exhausted.

What happens if I resign, or retire?

When you separate from City employment and are not enrolled in COBRA medical coverage any remaining funds in your account will automatically be transferred to the Non-Active VEBA/HRA. You may use your account until funds are exhausted.

Can any retiree medical premium be paid from my account?

When you separate from City employment at retirement any funds in your account will automatically be transferred to the Non-Active VEBA/HRA. As a participant in the Non-Active VEBA/HRA you can reimburse the cost of any qualified medical insurance plan, including Medicare premiums.

What if I die before I use up my VEBA/HRA account?

If you are survived by a spouse or dependent children, they may submit requests for medical expenses reimbursements until your account is exhausted. If you have no surviving spouse or eligible dependent(s), the funds remaining in your account will revert back to the VEBA trust.

Who is responsible for managing the VEBA/HRA plan?

The VEBA is managed by a Labor Trust Committee as defined in the by-laws of the VEBA trust document. The Trustee is BPAS. The HRA is governed by the City of Saint Paul and administered by Benefit Resource (BRI)



Healthy Saint Paul



We're excited to bring you the 2024 Healthy Saint Paul Well-being Program offered through Medica. By choosing from a variety of Health Activities, you can earn points towards the Healthy Saint Paul Well-being Program incentive AND My Health Rewards by Medica gift cards!

NEW FOR 2024: Healthy Saint Paul Total Rewards moves up to \$225 with added \$5 Physician Exam reward. Medica Promoted Programs worth 250 points each and new Medica Life Time Digital Fitness On-Demand classes, Livestream classes and much more.

Earn 1,500 points and receive a \$300 HRA contribution. Earn an additional 2,000 points and receive a \$600 contribution for a total of \$900 into your HRA account.

1,500 points	=	\$300 HRA contribution
+ 2,000 points	=	\$600 HRA contribution
<hr/>		
3,500 points total	=	\$900 total HRA contribution

How to earn points

You can select **any** combination of the Health Activities listed on the next page to earn points. These activities are also listed on the website and Mobile App.

Medica Reward gift cards



For even more motivation to get healthy and stay healthy, you will earn reward dollars at four different levels you complete (up to \$225 per year). These dollars may be used to redeem at the new online Virgin Pulse store, to purchase gift cards including **VISA, Amazon, Target** or make a charitable contribution.

Program dates

The Well-being Program begins January 1, 2024 and runs through December 31, 2024. More details are available on www.healthy.stpaul.gov.

Well-being program eligibility

Employees who are insured with Medica through the City are eligible to participate.



City of Saint Paul Ways to Earn 2024

Earn a total of 3,500 points to qualify for your full \$900 HRA contribution. Just 1,500 points needed for a \$300 HRA contribution. Earn up to \$405 in Medica Incentives along the way.

ACTIVITY	Triple Tracker: Track any combination of 7000 steps, 15 active minutes or 15 workout minutes 20 days in a calendar month (sync only).	Monthly	\$20 monthly reward
	Per 1,000 steps (max 14,000/day; 140 points)	Daily (Sync or manual)	10
	or		
	15 or more active minutes	Daily (sync only)	70
	30 or more active minutes	Daily (sync only)	120
	45 or more active minutes	Daily (sync only)	140
	Get 7,000 steps 20 days in a month (sync only)	Monthly	400
Get 10,000 steps 20 days in a month (sync only)	Monthly	500	
LEARNING	Learning Cards	Daily (max 2/day)	20 (40 max)
	Complete 10 daily cards/month	Monthly	100
	Complete 20 daily cards/month	Monthly	200
	Healthy Habit Tracking	Daily (max 3/day)	10 (30 max)
	10 days tracking in a month	Monthly	200
	20 days tracking in a month	Monthly	300
	First time tracking HH 5 days in a month	One Time	100
GETTING STARTED	Set your interests	Quarterly	250
	Add a profile picture	One Time	100
	Complete Registration	One Time	100
	Connect first activity device	One Time	200
	Connect mobile app	One Time	500
	Set a wellbeing goal	Program year	500
JOURNEYS	Complete a Journey Step	Daily	15
	Complete a Journey stage	Quarterly (4x a quarter)	50
	Complete a whole Journey	Quarterly	250
NUTRITION	Daily Calorie Tracking (via MyFitnessPal)	Daily	20
	Track Calories 10 days in a Month	Monthly	200
	Track Calories 20 days in a Month	Monthly	300
	Choose your eating type	Quarterly	250
	Connect to MyFitnessPal (calorie tracker)	One Time	100
SLEEP GUIDE	Track Sleep Nightly (validated)	Daily	20
	Sleep>7 Hours in a night (validated)	Daily	50
	Track Sleep (manual)	Daily	10
	Track sleep 10 days in a month (sync only)	Monthly	100
	Track sleep 20 days in a month (sync only)	Monthly	200
	Sleep >7 hours 20 days in a month (validated)	Monthly	500
	Choose your sleep guide profile	Quarterly	250
OTHER	Complete Health Assessment	Program year	1,000
	Virtual Care Education	Program year	250
	Next Steps Consult	Program year	500
	Phone Health Coaching	Monthly	250
	Medica Programs - Case Management	Program year	2,000
	Health Screening	Program year	1,000
	Media Library	4x/month max	50
	NEW! Medica Promoted Programs	Program year	250
	NEW! Annual Exam (self-attestation)	Program year	\$5 Annual Reward
	My Care Checklist (includes COVID vaccine)	Program year	varies
CITY SPECIFIC	Go Green	Program Year	250
	Omada	Program Year	750
	Firefighter Screenings	Program Year	1500
	ERN the Burn	Program Year	250
	MeQuilibrium	Program Year	750



Medica My Health Rewards – VirginPulse Login Step-by-Step Instructions

There are two options for logging in:

1. Download the **VirginPulse App** on the App Store or Google Play
2. Login from your computer at medica.com/wellness/healthy-saint-paul

In the VirginPulse App

1. Select “Create Account”
2. Type in “City of Saint Paul”
3. Type in your information AS IT APPEARS ON YOUR MEDICA ID CARD.
 - a. First Name
 - b. Last Name
 - c. DOB
 - d. State
4. Read and confirm your Privacy Notices then continue
5. Set up your email and password
6. Select “Create my Account”

Log in from a computer:

1. Go to medica.com/wellness/healthy-saint-paul
2. Select the appropriate member type
3. Type in your information AS IT APPEARS ON YOUR MEDICA ID CARD.
 - a. First Name
 - b. Last Name
 - c. DOB
 - d. State
4. Read and confirm your Privacy Notices then continue
5. Set up your email and password
6. Click “Create my Account”

If you do need assistance, or have a questions about your account:

- **Call VirginPulse at 1-833-450- 4074**
- **Email medica.support@virginpulse.com**



Dental Insurance

Your Dental Insurance Coverage

HealthPartners administers the City of Saint Paul dental plans for employees and their families. You have three plan options to choose from:

1. Preventive
2. Comprehensive
3. Comprehensive Plus

All three plans include coverage for preventive services like routine cleanings. If you want additional dental coverage beyond preventive care, you may wish to enroll in the HealthPartners Comprehensive or Comprehensive Plus dental plan, which include coverage for services such as fillings, crowns, oral surgery and more. Orthodontics for all ages is available in the Comprehensive Plus plan. See the plan comparison for more details on the coverage included with each plan.

You only need to select one plan based on your specific dental needs.

2024 Monthly Rates

	Preventive	Comprehensive	Comprehensive Plus
Single	\$0.00	\$19.69	\$23.04
Single + 1	\$0.00	\$38.67	\$45.31
Family	\$0.00	\$61.11	\$113.20

The City pays the cost of the preventive plan.

Plan network

The [HP Dental Tiered PPO Network C](#) groups dentists and specialists into three benefit levels based on cost and quality:

- **Benefit Level 1:** Dentists and specialists in Benefit Level 1 provide personalized care to help improve your overall health and savings to help your plan dollars go farther.
- **Benefit Levels 2 and 3:** There are more dentists and specialists in Benefit Levels 2 and 3 to help you meet your care needs. However, you may pay more in out-of-pocket costs for these providers. The lower the Benefit Level, the lower your costs.

Your HP Dental Tiered PPO Network C includes more than 2,900 providers across Minnesota and bordering communities and, in total, 130,000 providers nationwide. You can also choose an out-of-network provider and pay higher out-of-pocket costs. No referral is needed to see a specialist. Each family member may select a different clinic and benefit level and all members may change their selection at any time. There is no need to call to make a clinic change. With the optional dental plan, you can choose a different dental clinic than the one you chose under your medical plan for preventive services.

Visit [HP Dental Tiered PPO Network C](#) to search your dental network.

Contact HealthPartners Member Services at **952- 883-5000** or **800-883-2177** for additional network information. You can also visit healthpartners.com to search the network by going to “discover our insurance and network,” then “plans through work” and then “search our plan networks.” Under dental plan networks, chose “other networks” and select “Dental Tiered PPO Network C.”



Unique dental plan benefits

Diabetes and maternity care

Studies have shown a connection between oral and overall health, especially for those living with diabetes or who are pregnant. To support these members, HealthPartners offers MouthWise Matters, enhanced coverage beyond standard plan benefits, including additional exams and cleanings in all three plans. In the Comprehensive and Comprehensive Plus plans all members living with diabetes or who are pregnant and at risk of gum disease (periodontitis) get 100% in-network coverage for a set of “medically necessary” periodontal services with no deductible and no annual maximum.

Little PartnersSM dental – 100% in-network coverage for kids 12 and under

A lifetime of good oral health starts with the first tooth. HealthPartners covers all services included in your dental plan that are performed by network providers for all enrolled children 12 and younger at 100%, with no coinsurance, no annual maximum, no out-of-pocket costs and no annual maximum on care. Little Partners is included in both the Comprehensive and Comprehensive Plus plans. It is not included in the Preventive plan.

FOR MORE INFORMATION:

HealthPartners Member Services

Toll Free: 1-800-883-2177; Local: 952-883-5000

Monday-Friday: 7a.m.-6p.m. Central

Live Chat: Monday-Friday: 8a.m.-4p.m. Central



Dental Plan Comparison

Plans	Network Benefit Level	Preventive Plan	Comprehensive Plan	Comprehensive Plus Plan
Annual Plan Maximum Per person	Level 1	\$750	\$1,500	\$2,500
	Level 2	\$500	\$1,250	\$2,000
	Level 3	\$500	\$750	\$1,000
	Out of Network	\$500	\$500	\$500
Deductible Per person/per family per calendar year	Level 1	\$0	\$0	\$0
	Level 2	\$0	\$25 Single \$75 Family	\$0
	Level 3	\$0	\$50 Single \$150 Family	\$25 Single \$75 Family
	Out of Network	\$0	\$50 Single \$150 Family	\$25 Single \$75 Family
Preventive & Diagnostic Services Exams, cleanings, x-rays, child fluoride treatments, sealants, oral hygiene instruction	Level 1	100%	100%	100%
	Level 2	100%	100%	100%
	Level 3	100%	100%	100%
	Out of Network	100%	100%	100%
Basic Services Silver fillings, white fillings on front teeth, emergency treatment for relief of pain	Level 1	No Coverage	100%	100%
	Level 2	No Coverage	100%	100%
	Level 3	No Coverage	80%	100%
	Out of Network	No Coverage	80%	80%
White Fillings on Posterior Teeth	Level 1	No Coverage	100%	100%
	Level 2	No Coverage	80%	80%
	Level 3	No Coverage	80%	80%
	Out of Network	No Coverage	No coverage	No coverage
Basic Care II Simple extractions, periodontics, endodontics (root canal therapy) complex oral surgery	Level 1	No Coverage	70%	80%
	Level 2	No Coverage	60%	80%
	Level 3	No coverage	50%	60%
	Out of Network	No Coverage	50%	60%
Special Care Restorative crowns & onlays	Level 1	No coverage	70%	80%
	Level 2	No coverage	50%	50%
	Level 3	No coverage	50%	50%
	Out of Network	No coverage	No coverage	No coverage
Prosthetics Bridges, dentures and partial dentures, implants	Level 1	No coverage	50%	50%
	Level 2	No coverage	50%	50%
	Level 3	No coverage	50%	50%
	Out of Network	No coverage	No coverage	No coverage
Lifetime Ortho Maximum Per eligible covered person	Level 1	No Coverage	No Coverage	\$1,500
	Level 2	No Coverage	No Coverage	\$1,500
	Level 3	No Coverage	No Coverage	\$750
	Out of Network	No Coverage	No Coverage	No coverage
Orthodontics Adult and child up to Lifetime Max	Level 1	No coverage	No coverage	50% coverage
	Level 2	No coverage	No coverage	50% coverage
	Level 3	No coverage	No coverage	50% coverage
	Out of Network	No coverage	No coverage	No coverage

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 Dental Plan Documents.



Life Insurance

Life insurance is available to eligible City of Saint Paul employees through Securian Financial.

Employer-paid group life insurance

Group term life insurance and accidental death and dismemberment insurance are provided by the City of Saint Paul for benefit eligible employees who have met the eligibility requirements for the city-sponsored health insurance plan. Infor indicates your amount of coverage as specified in your collective bargaining unit agreement or City Council Resolution.

Supplemental life insurance

The City's supplemental term life insurance program has been designed exclusively for City of Saint Paul employees. This additional life insurance option can help make sure your loved ones are financially secure if you were to die. In addition to your employer-paid insurance, Securian's [Lifebenefits.com](https://www.lifebenefits.com) indicates the current amount of supplemental life insurance coverage for yourself, your spouse and your children.

Employee supplemental life insurance

You can apply for up to \$500,000 of additional term life insurance in increments of \$5,000. Your plan covers death from any cause (excludes suicide for two years after the initial enrollment or any voluntary increases) after you enroll in the plan.

New employees who enroll in this plan within 30 days of date of hire may elect up to \$100,000 of coverage on a guaranteed issue basis – which means no health questions or evidence of insurability is required. For amounts over \$100,000, you will need to provide evidence of insurability and complete a health questionnaire. The additional coverage will be effective upon approval from the insurance carrier.

After this initial enrollment period, employees who wish to enroll in the future will need to provide evidence of insurability and complete a health questionnaire unless you experience a qualified status change. To apply or increase coverage during annual enrollment, locate the link in Infor to Securian [Lifebenefits.com](https://www.lifebenefits.com). Directions to complete the online health questions are provided within LifeBenefits. Coverage will be effective upon approval from the insurance carrier.

Spouse supplemental life insurance

You have the opportunity to insure your spouse for up to \$300,000 of term life insurance in increments of \$5,000. It is not necessary to purchase employee life to be eligible for additional spouse life coverage. Your plan covers the death of your spouse from any cause (excludes suicide for two years after the initial enrollment or any voluntary increases) after you enroll your spouse in the plan.

New employees who enroll within 30 days of date of hire may elect up to \$10,000 of spouse coverage on a guaranteed issue basis. For amounts over \$10,000, your spouse will need to provide evidence of insurability by completing a health questionnaire. The additional coverage will be effective upon approval from the insurance carrier.

Current employees can enroll a spouse during annual enrollment in Infor by accessing the LifeBenefits link. Your spouse will need to provide evidence of insurability by completing a health questionnaire. Directions about how to complete the online health questionnaire will be provided within LifeBenefits. Coverage will be effective upon approval from the insurance carrier.

Please note: If you are applying for coverage as both an employee and a spouse, the total amount of coverage cannot exceed \$500,000.



Child life insurance

You can also obtain life insurance coverage for your children. For only \$1.029 cents per month, all of your eligible children can be insured from live birth to 26 years of age. The amount of insurance on the life of each eligible child is \$15,000, or \$1,000 for children from live birth up to six months. If an insured employee's first eligible child dies within 31 days of birth, but prior to the employee enrolling for child life coverage, the insurance amount payable will be \$1,000.

Employees may choose this coverage on a guaranteed issue basis at initial eligibility and each year during annual enrollment. If you select this coverage during annual enrollment it will become effective on January 1.

Please note: If your child is eligible for employee coverage, they cannot be covered as a dependent. Also, if both parents work for the City, only one parent can enroll for child life coverage.

Accidental death and dismemberment (AD&D)

AD&D provides additional financial protection if your death or dismemberment results from a covered accident, whether it occurs at work or elsewhere. A matching AD&D benefit is provided for employee basic and supplemental life insurance and for spouse supplemental life insurance.

For example, if an employee or spouse had \$50,000 of life insurance and died due to an accident, \$100,000 would be paid to the person designated as the beneficiary. In addition, AD&D also pays benefits if an employee or their insured spouse should suffer loss of a limb or eyesight. Please refer to the certificate for complete plan details and exclusions.

Monthly benefit and cost

The employee and spouse supplemental life and AD&D insurance premium is based upon age (see table below). Rates are determined by the attained age of the employee and spouse each January 1st.

Employee or Spouse Age per \$1,000	Monthly Cost
Under 25	\$0.0598
25-29	\$0.0598
30-34	\$0.0642
35-39	\$0.0696
40-44	\$0.0851
45-49	\$0.1141
50-54	\$0.1776
55-59	\$0.2917
60-64	\$0.4684
65-69	\$0.8881
70+	\$1.4449

Life Benefits Website

Visit www.LifeBenefits.com to designate your beneficiary and enroll for supplemental life insurance.

User ID: "CSP," followed by your employee ID number/TASS No. (example: CSP123456)

Initial password: Your password is your eight-digit date of birth (MMDDYYYY) followed by the last four digits of your Social Security number.

Example: If your date of birth is August 2, 1960, and the last four digits of your Social Security number are 1234, enter 080219601234 as your password.

For Assistance call Securian at 1-866-293-6047

After you log in for the first time, you will be prompted to set up your permanent password for any future returns to the site to make changes.



Beneficiary Designation

It's important that you designate a beneficiary – the person who you want to receive your life insurance benefit once you die. You can name your beneficiary online at LifeBenefits.com using the login information below:

If you do not name a beneficiary, or if there is no named beneficiary surviving at the time of your death, the amount of your insurance will be paid according to the following order of priority: 1) Your surviving lawful wife or husband; 2) Your surviving natural or legally adopted children in equal shares; 3) Your surviving parents in equal shares; 4) The duly appointed legal representative of your estate.

Reminder: It's always a good idea to review and update your beneficiary information as life changes, like when you get married, have children or get divorced.

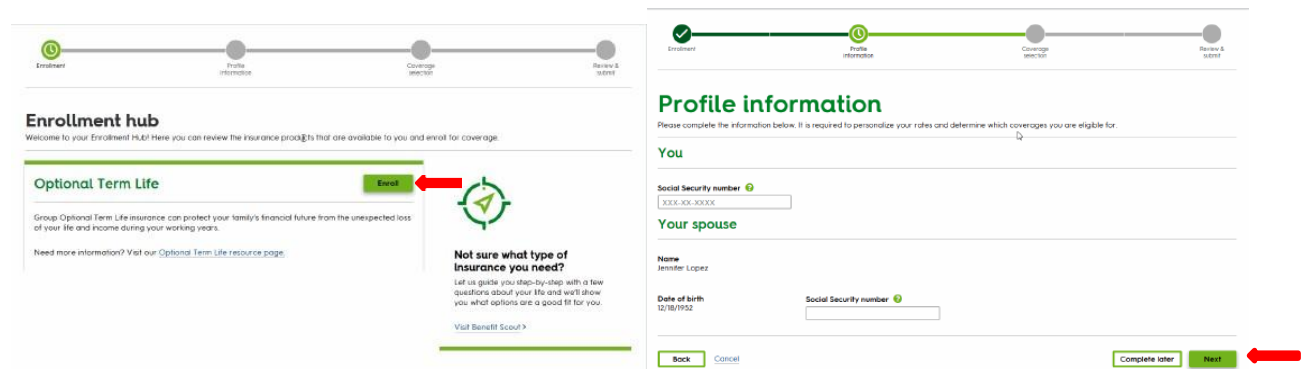
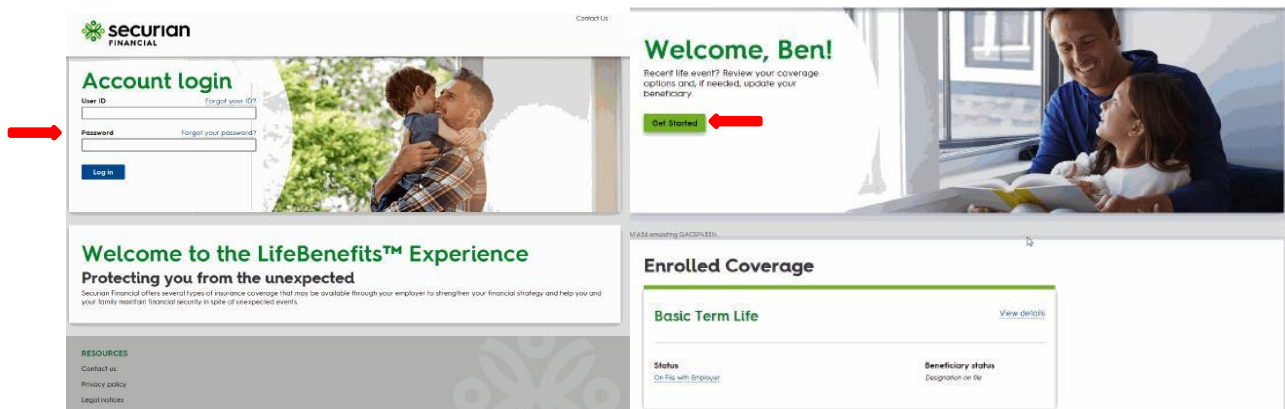
Enrollment

Protect your loved one's financial future by enrolling in supplemental life insurance

Complete your enrollment on Securian Financial's website, Lifebenefits.com
Your user ID is "CSP," followed by your employee ID number (example: CSP123456)

And your initial password is your eight-digit date of birth (MMDDYYYY), followed by the last four digits of your Social Security number

To enroll, visit Lifebenefits.com



Employee coverage selection

How much coverage would you like for yourself?

Supplemental Life

Coverage amount: Estimated monthly premium: \$0.00

Total estimated monthly premium: **\$0.00**

Need more information?
Review the product details page to learn more about this coverage.
View Optional Term Life product details (url)

Evidence of insurability

Thank you for your interest in Optional Term Life coverage. Before you can finish enrolling, a portion of your coverage requires evidence of insurability.

- \$400,000 of your Supplemental Life requires evidence of insurability.

Keep in mind

- This process should take about 5 to 20 minutes.
- Have your medical records available during the process.
- The medical information you provide is not shared with your employer.
- The information provided will be included as part of your evidence of insurability submission.

1 In answering the following questions, you need not disclose an HIV (AIDS Virus) test which was administered: (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. Refer to the paragraph below for a definition of "emergency medical personnel". The term "emergency medical personnel" includes individuals employed to provide pre-hospital emergency services, licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provide emergency medical services, or the last personnel, correctional guards, including security guards at the Minnesota security hospitals, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care, and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the Good Samaritan law.

Review & submit

Please review the information you have provided to us. You may make changes to each section by selecting Edit.

Optional Term Life Coverage summary Edit

Coverage type	Amount	Monthly premium
Supplemental Life	\$500,000	\$50.85
Supplemental Spouse Life	\$500,000	\$232.41
Total Optional Term Life premium		\$283.26

Profile information Edit

You

Social Security number: ***-**-6789

Are you applying for coverage as part of a family status change? Yes

Jennifer

Name	Date of birth	Social Security number
Jennifer Lopez	12/18/1952	***-**-4321

Email notification

I would like to receive an email confirmation of my request.

Email address:

Additional information

AUTHORIZATION
I authorize my health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, data aggregator, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Minnesota Life Insurance Company, (the Company), and its employees, reinsurers and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco.

I also authorize any person(s), medical practitioner, institution, insurance company or MIB, Inc. to give any medical or nonmedical information about me.

Electronic signature

Please select your response to the following statement:
By selecting "I agree" I hereby affix my electronic signature. I agree to be bound, in all respects, as if I were affixing my handwritten signature to the document. I have read and understand the terms of use and the electronic signature requirements. The information submitted is true and complete to the best of my knowledge and belief.

I agree
 I do not agree

Reporting a claim

Contact your department's Benefit Specialist, located on page 40, for additional assistance.

Continuation, conversion, and portability

Continuation: If you leave City employment or retire, for up to 18 months you can continue your term life and AD&D insurance through the City's plan at the same group rates you were paying as an active employee.

Portability: After 18 months of continuation, you can choose to port your coverage. Portability allows employees who are no longer eligible under the group policy to continue basic and supplemental term life coverage under the group plan. Spouse and child life coverage may also be ported if the employee ports his or her own coverage. AD&D insurance is not eligible for portability. Coverage will end at age 70.

Conversion: All or part of the insured's life insurance under this policy can be converted to an individual whole life insurance policy when coverage terminates. AD&D insurance is not eligible for conversion.



Lifestyle benefits

Your employer group life insurance plan includes the following resources and services at no additional cost beyond the life insurance premiums you pay.

Legacy planning resources (from Securian Financial)

You can access online self-help tools to learn how to get your affairs in order or deal with the loss of a loved one. In addition, you are eligible for funeral concierge service, which allows for coverage verification and direct payment to a funeral home so services can be provided before the insurance settlement is available.

Visit securian.com/legacy

Legal, financial and grief counseling (from TELUS Health)

Get the resources you need to draft a simple will or other legal documents. Or schedule a complimentary 30-minute consultation with an attorney for any unique legal issue. Even get guidance from accredited financial consultants about credit management, budgeting, mortgage and refinancing, retirement/401(k) and basic estate planning. You can also access caring, confidential support for grief, anger or anxiety, and other community resources.

Call 1-877-849-6034 or visit LifeBenefits.com/LFG (Username: lfg; password: resources)

Travel assistance (from RedpointWTP LLC)

Access pre-trip planning and emergency services whenever you travel 50+ or more miles from home. Benefits include medical relocation and medical or security evacuation, assistance replacing lost or stolen luggage or other critical items, repatriation of mortal remains and more.

Visit LifeBenefits.com/travel U.S. and Canada: 1-855-516-5433 (outside the U.S. and Canada: +1-415-484-4677)

Beneficiary financial counseling (from PricewaterhouseCoopers LLP)

Beneficiaries receiving \$25,000 or more are invited to access professional guidance to help make sound financial decisions regarding their policy proceeds. Resources include financial workbooks, a reference guide and a financial fitness assessment. Access information is provided to beneficiaries at the time of claim payment.

Learn more by visiting your educational microsite at: Securian.com/city-of-saint-paul-insurance



Short-Term Disability Insurance

The monthly benefit for short-term disability has increased. Any increases or new enrollment during this annual open enrollment will have no late enrollment penalty.

Short-term disability insurance is available to eligible City of Saint Paul employees through Standard Insurance Company.

Short-term disability pays you a monthly income while you recover from a short-term (less than six months) injury or illness. The short-term disability insurance program allows you to receive your monthly short-term disability benefit plus any sick leave or compensated leave you choose to take, as long as you don't receive more than 100% of your normal salary.

Coverage available

Under the City of Saint Paul's plan, you can apply for a **monthly benefit of up to \$8,000**, provided it doesn't exceed 66-2/3% of your gross monthly salary. You could be paid up to a maximum of 26 weeks for short-term disability, depending on your physician's verification of disability. You begin to receive the benefits on the first day of an accident or on the eighth calendar day of an illness which prevents you from working. The claim determination is made within 5 business days from when all the required claim documentation is received. Your first check will arrive within 60 days after you satisfy Proof of Loss.

Enrolling in coverage

Annually during open enrollment, you can make any changes by making a new election or increasing your coverage in Infor.

Please note normally: Employees increasing by more than \$100, or enrolling for the first time, will be subject to a late enrollment penalty. If subject to this provision, you will have a 60-day benefit waiting period for all non-accident related claims that are filed within the first 12 months of coverage for amounts over the \$100 increase or for the full amount of coverage if electing during open enrollment. Benefits due to an accident will still begin on the first day.

THIS YEAR: We will waive the Late Enrollment Penalty noted above if you enroll or increase in STD Coverage.

New employees who enroll in this plan within 45 days of their date of hire may elect up to their maximum benefit.

Restrictions

The plan doesn't cover injury or sickness resulting from commission of a felony or if benefits are payable under any workers' compensation, employers liability occupational disease law, or similar law or act.

Minimum/maximum benefit

When combined with your short-term disability benefit, you may also receive sick pay or partial disability earnings provided you don't exceed 100% of your regular weekly pay. The minimum benefit you will receive from short-term disability is \$25 per week, even if it exceeds the 100% of weekly pay.



Monthly benefit and cost

Premium payments for short-term disability insurance are automatically deducted from your paycheck. As shown in the table, the cost of short-term disability insurance is \$0.82 per month per \$100 monthly benefit.

The cost of your short-term disability coverage depends on the monthly benefit amount you select. You may choose any benefit amount shown in the chart below up to the maximum monthly benefit amount that corresponds with your monthly salary.

Employee's Monthly Salary	Maximum Monthly Benefit	Monthly Premium
\$1,200	\$1,000	\$8.20
\$1,500	\$1,200	\$9.84
\$1,800	\$1,400	\$11.48
\$2,100	\$1,600	\$13.12
\$2,400	\$1,800	\$14.76
\$2,700	\$2,000	\$16.40
\$3,000	\$2,200	\$18.04
\$3,300	\$2,400	\$19.68
\$3,600	\$2,600	\$21.32

Employee's Monthly Salary	Maximum Monthly Benefit	Monthly Premium
\$4,200	\$2,800	\$22.96
\$4,500	\$3,000	\$24.60
\$4,800	\$3,200	\$26.24
\$5,100	\$3,400	\$27.88
\$5,400	\$3,600	\$29.52
\$5,700	\$3,800	\$31.16
\$6,000	\$4,000	\$32.80
\$6,300	\$4,200	\$34.44
\$6,600	\$4,400	\$36.08
\$6,900	\$4,600	\$37.72

\$7000+ (calc monthly benefit *.82/\$100)

Reporting a claim

You should report a claim as soon as you believe your absence from work may extend beyond seven calendar days for absences relating to a sickness. If your absence is related to an accident, please report this absence immediately. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

Claims can be reported by calling The Standard's Disability Claim Reporting Service at (800) 378-2395. You will be asked to provide the following information:

- Employer: City of Saint Paul
- Group Number: Policy # 148318A
- Name and Social Security Number
- Last day at work
- Nature of claim/medical information
- Physician information including phone and fax number

Contact your department's Benefits Specialist, located on page 40, for additional assistance.

Within one business day of filing a claim, The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion. The Standard will make up to three follow up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask their assistance in completing the APS on your behalf. You will be responsible for providing any necessary authorizations to your doctor to release this information to The Standard.

Please note: It is your responsibility to follow the normal City of Saint Paul absence reporting procedures by notifying your manager or supervisor of your absence.

Definition of disability

Determination of disability is made by the insurance company. Below is a general definition of disability:

- Occupation Test: You are considered disabled if due to an injury, sickness, or pregnancy, you are unable to perform one of the material duties of your regular occupation.
- Earnings Test: If you are working and are not disabled by the occupation test, you will still be considered disabled if an injury, sickness, or pregnancy prevents you from earning more than 80% of pre-disability pay.



Long-Term Disability Insurance

The long-term disability (LTD) insurance program is offered to eligible City employees through Standard Insurance Company.

Long-term disability means you can receive a monthly income while recovering from a long-term (over six months) illness or injury that prevents you from working. Long-term disability insurance is a practical and cost-effective way to assure that you have continued income if you become disabled and can no longer work.

Coverage available

You can receive a monthly benefit check based on your annual salary. You can elect between \$500 and \$10,000 a month from the long-term disability benefits provided you do not exceed 60% of your salary. Payment of benefits starts on the latter of six months of continuous disability, the end of short-term disability benefits, or the end of all sick leaves, donated sick leave, vacation pay, or other salary continuance.

The length of the benefit payment is shown below:

Age at Disability	Length of Payment
Prior to age 62	To the day before retirement age*
At age 62	The longer of 42 months or the day before retirement age
At age 63	The longer of 36 months or the day before retirement age
At age 64	The longer of 30 months or the day before retirement age
At age 65	24 months
At age 66	One year, 9 months
At age 67	One year, 6 months
At age 68	One year, 3 months
Age 69 or more	12 months

***Retirement Age means the Social Security Normal Retirement Age under the Federal Social Security Act, as amended.**

Enrolling in coverage

New employees who enroll in this plan within 45 days of their date of hire may elect up to their maximum benefit on an automatic approval basis. Coverage is subject to the pre-existing condition restriction. Evidence of Insurability is required if you apply more than 31 days after you become eligible.

Annually during open enrollment, employees who currently participate in the plan can increase their monthly benefit up to the maximum for their salary by making a new election in Infor. Employees who do not currently participate and wish to enroll during the annual enrollment will make the election in Infor. Evidence of Insurability is required. Directions to complete the online health questionnaire will be sent to you at the conclusion of annual enrollment. Coverage will be effective upon approval of the insurance carrier.

New amounts are subject to the pre-existing condition restriction.

Restrictions

Coverage for pre-existing conditions will begin 12 months following the effective date of coverage provided that you are actively at work at that time and have been insured under the plan for a full year without interruption. Pre-existing conditions are those for which you sought treatment or took medication during the three months prior to the effective date of coverage. In addition, you are not covered if the injury or illness resulted from war or any act of war, whether declared or not; intentionally self-inflicted injury, while sane or insane; or taking part in committing an assault or felony.



Monthly benefit

The cost of your LTD protection is determined by the amount of coverage you choose. To determine the maximum amount for which you are eligible, locate your monthly salary in the first column, and cross over to the next column, Maximum Monthly Benefit Amount. You may enroll for any amount of coverage as shown up to that maximum amount. Before you enroll, make sure you understand how benefits are calculated.

Your Gross Monthly Salary	Maximum Monthly Benefit Amount	Your Gross Monthly Salary	Maximum Monthly Benefit Amount
Minimum \$833	\$500	\$5,667	\$3,400
\$1,000	\$600	\$5,834	\$3,500
\$1,167	\$700	\$6,000	\$3,600
\$1,334	\$800	\$6,167	\$3,700
\$1,500	\$900	\$6,334	\$3,800
\$1,667	\$1,000	\$6,500	\$3,900
\$1,834	\$1,100	\$6,667	\$4,000
\$2,000	\$1,200	\$6,834	\$4,100
\$2,167	\$1,300	\$7,000	\$4,200
\$2,334	\$1,400	\$7,167	\$4,300
\$2,500	\$1,500	\$7,334	\$4,400
\$2,667	\$1,600	\$7,500	\$4,500
\$2,834	\$1,700	\$7,667	\$4,600
\$3,000	\$1,800	\$7,834	\$4,700
\$3,167	\$1,900	\$8,000	\$4,800
\$3,334	\$2,000	\$8,167	\$4,900
\$3,500	\$2,100	\$8,334	\$5,000
\$3,667	\$2,200	\$8,500	\$5,100
\$3,834	\$2,300	\$8,667	\$5,200
\$4,000	\$2,400	\$8,834	\$5,300
\$4,167	\$2,500	\$9,000	\$5,400
\$4,334	\$2,600	\$9,167	\$5,500
\$4,500	\$2,700	\$9,334	\$5,600
\$4,667	\$2,800	\$9,500	\$5,700
\$4,834	\$2,900	\$9,667	\$5,800
\$5,000	\$3,000	\$9,834	\$5,900
\$5,167	\$3,100	\$10,000	\$6,000
\$5,333	\$3,200		
\$5,500	\$3,300		

Monthly cost

Premium payments are based upon age and are automatically deducted from your paychecks. The following table shows what the monthly cost would be per \$100 monthly benefit (\$500 minimum required):

Age	Cost per Month per \$100	Cost per Month per \$500
0-24	\$.08	\$.40
25-29	\$.11	\$.55
30-34	\$.15	\$.75
35-39	\$.24	\$ 1.20
40-44	\$.35	\$ 1.75
45-49	\$.55	\$ 2.75
50-54	\$.81	\$ 4.05
55+	\$.89	\$ 4.45



Reporting a claim

Claims can be reported by calling The Standard's Disability Claim Reporting Service at (800) 378-2395.

Integrated benefits

You can receive long-term disability benefits in addition to income received from other sources. The maximum benefit payable from all sources is 70% of salary. The payable benefit is coordinated with other disability income. If the sum of benefits received from other sources plus the long-term disability monthly benefit exceeds 70% of the disabled person's monthly earnings, the long-term disability benefit will be reduced by the excess. Other sources of income could include retirement or disability benefits from a retirement plan, workers compensation, social security, etc. Please note that the minimum benefit you will receive from long-term disability insurance is \$100 per month, even if you are receiving in excess of 70% of salary from other sources.

Definition of disability

Determination of disability is made by the insurance company. Below is a general definition of disability:

- **Occupation Test:** You are considered disabled if, during the first 36 months of a period of disability, you are under the regular care of a licensed physician other than yourself and are unable to perform the material duties of your regular occupation or employment. After the first 36 months of a period of disability, you will continue to be considered disabled if you are unable to perform the material duties of any and every gainful occupation or employment for which you are, or become, reasonably fitted by education, training, or experience.
- **Earnings Test:** If you are working and are not disabled by the occupation test, you will still be considered disabled during any month you are not able, because of injury, sickness, or pregnancy, to earn more than 80% of your pre-disability monthly earnings.

Return to work services

While Standard's disability plans provide financial support during a period of disability, resources are also available through their Return to Work programs and Reasonable Accommodation Expense benefits. The goal is to help employees get back to work and regain a healthier, more productive lifestyle. These services assist or incent employees to return work, if the disability allows.

Continuation and conversion

If you leave employment, you can convert to your own long-term disability plan. To be eligible for conversion, you must have been insured under the long-term disability plan for at least 24 months, apply within 31 days of termination, and pay the required premium. The availability of the conversion is dependent upon the reason for termination of coverage. Conversion plan provisions, coverage level, and costs may differ from the in-force policy. To apply for conversion, you can call your department's Benefit Specialist, located on page 40.

Survivor benefit

If a disabled insured dies while receiving benefits, the disability benefit will continue to be paid for three months to the person's spouse. If the insured has no spouse, the benefit will be paid to children under age 25 and unmarried on the day the disabled insured dies. If there are no survivors, no benefit will be paid.



Accidental Death and Dismemberment Insurance

Accidental death and dismemberment (AD&D) insurance is available to City of Saint Paul employees through Standard Insurance Company.

Eligible employees are entitled to purchase this insurance to provide added benefits in the event of loss of life or limb. The accidental death and dismemberment policy provides for a lump sum payment in the event of the accidental loss of life, dismemberment, or loss of sight. In the event of an accidental death, your beneficiary will receive accidental death and dismemberment benefits in addition to any other life insurance benefits for which you qualify.

Coverage available

Employees can purchase from \$5,000 to \$100,000 in accidental death and dismemberment benefits (in \$5,000 increments). All employees may apply for a maximum of \$100,000, no health questions are asked.

Spouse coverage is also available in \$5,000 increments and is limited to 100% of the coverage selected by the employee, to a plan maximum of \$100,000. Employees must enroll in the plan in order to elect spouse coverage.

You can enroll for coverage in Infor.

Monthly cost

This insurance provides up to \$100,000 coverage at very little cost. The cost per \$1,000 of coverage is \$.02 per month. Coverage is available in \$5,000 units. Monthly premium payments are automatically deducted from your paychecks.

Beneficiary

If you do not name a beneficiary, or if there is no named beneficiary surviving at the time of your death, the amount of your insurance will be paid according to the following order of priority: 1) Your surviving lawful wife or husband; 2) Your surviving children in equal shares; 3) Your surviving parents in equal shares; 4) Your brothers and sisters; 5) Your estate. "Children" means only first generation lawful bodily issue and legally adopted persons. Beneficiary designation is completed online in Infor.

Reporting a claim

Contact your department's Benefit Specialist, located on page 40. They can assist you with the proper forms you need to complete for AD&D benefits.



Flexible Spending Accounts

The City of Saint Paul offers eligible employees three types of Flexible Spending Accounts—a health care account, a dependent daycare account, and a transportation account. These Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using pre-tax dollars. Because your FSA contributions are deducted before taxes are considered, you lower your income and your tax payments too.

Contributions

When you enroll, you elect an amount to be withheld from your paycheck before federal, state, and Social Security taxes are withheld. There is a \$600 carryover. You must re-enroll during each annual open enrollment. Your election amount is deducted from your pay in equal installments over the remaining pay periods in the calendar year.

- For the health care FSA, you may contribute a minimum of \$120 and a maximum of \$3,050 each calendar year from your pay.
- For the dependent daycare FSA, the maximum amount is \$5,000 per household per year.
- For the transportation FSA, the maximum amount is \$300 per month

Please note: You may not change your health care or dependent daycare election during the plan year except in very limited circumstances. Contact your department's Benefit Specialist, located on page, for additional assistance.

Use-it-or-Lose-it Rule

The IRS requires that if you do not use all of the money in your health care or dependent daycare FSA for eligible expenses incurred during the plan year, you lose the unused portion (see Carryover Funds section below for exception to the Health Care FSA). For this reason, you should calculate your expenses carefully before making your election to ensure you would use the full amount.

If you do not use all of the money in your transportation FSA for eligible expenses incurred during the plan year, you will lose the unused portion if you do not elect to participate in the following plan year. Remaining balances will be rolled over to the 2024 plan year providing you enroll in the transportation FSA for 2024.

Carryover Funds (Health Care FSA)

The IRS and City of Saint Paul allow participants in the Health Care Flexible Spending Account to carryover up to \$600 of any unused funds into the next plan year. You must remain eligible for the plan through December 31st in order to carryover up to \$600 into the next plan year.

NOTE: During the run-out period, this amount (the carryover amount) is available to reimburse either expenses incurred in the previous plan year or expenses incurred in the current plan year. Previous plan year expenses must be submitted as a reimbursement claim. The Beniversal card can only access current plan year funds.

Claims

When you incur an eligible expense, you will submit a claim to the FSA plan administrator. Benefit Resource (BRI) is your FSA plan administrator.

You may file claims for 2024 expenses incurred from your effective date of coverage through December 31, 2024, drawing on deposits made to your account throughout 2024.

Deadline for health care and dependent daycare claims: You have until February 15, 2025 at 4:30 pm CT to submit claims to for eligible expenses from your 2024 health care or dependent care FSA. All claims should be submitted to Benefit Resource (BRI).

Deadline for transportation claims: There is no deadline to submit expenses. There is a rolling 6 months of expenses. Elections can change on a monthly basis. Parking claims must be submitted within 180 days of incurring expenses. Contributions will roll over from month to month or year to year. There are no annual cut offs. The Beniversal® Card is available for direct payment of parking expenses.



Health Care Flexible Spending Account

This account is used to pay, on a pre-tax basis, for eligible health care expenses that would otherwise be paid out of your pocket on an after-tax basis. You may use the health care FSA for an eligible dependent even if that dependent is not covered under your medical or dental plan. Eligible dependents include your spouse, dependent children, and any person who is considered a qualified relative.

Eligible expenses

Eligible expenses are those that are services and products that have been received. Pre-payment for future expenses is not eligible for reimbursement.

A complete list of eligible expenses can be found [here](#).

The IRS governs the list of eligible expenses. For more detailed information on eligible expenses go to [irs.gov](https://www.irs.gov) and search for Pub 502.

Some examples of eligible expenses are:

- Deductibles, copayments, coinsurance from your medical or dental insurance plan
- Chiropractic services
- Prescription drugs
- Non-cosmetic dental expenses
- Orthodontia
- Medical equipment
- Smoking cessation programs
- Assistance for persons with disabilities
- Over-the counter drugs with a prescription
- Vision care, prescription eyeglasses, contact lenses, contact lens solution, or laser surgery
- Mental health services
- Chemical dependency services
- Ambulance service
- Medically related transportation
- Hearing aids
- Psychiatric care
- Insulin pump and diabetic supplies

Some examples of expenses that are not reimbursable include expense that is paid for by any other health plan or from some other source, premiums for insurance, cosmetic surgery and other elective procedures that are not medically necessary, group/marriage counseling.

Benefit Resource (BRI) can assist you in determining whether a specific expense is reimbursable.

Reimbursements

When you incur an eligible health care expense submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount you have elected to contribute to the plan for the year, reduced by any previous claims you have made during the plan year.



Orthodontia expense reimbursement

Orthodontia is a covered medical expense, but there are rules governing reimbursement because of the extended nature of the treatment and the manner in which fees are paid. We strongly encourage any participant with questions to call Benefit Resource (BRI) before beginning treatment at 320-316-0521.

There two ways to submit documentation in order to be reimbursed, either on a "services provided" basis or on a "fee payment schedule" basis. Orthodontic care claims are reimbursed based on the original contract with the provider or a paid in full receipt.

- **Services provided:** This method is the same as any other medical expense and requires the participant to submit a statement from the orthodontist showing that a service has been provided and stating the cost of that service.
- **Fee payment schedule:** This method requires the participant to submit proof that payment has been made at the required time called for by the payment schedule. The participant **MUST** submit a treatment plan from the orthodontist, including the total cost of the treatment, the expected length of the treatment, the down payment amount, and the monthly fee to be reimbursed. The down payment will be reimbursed upon receipt of documentation showing initial services has been provided and payment has been made. The monthly fee is reimbursed upon receipt of documentation showing that the monthly payment has been made.

Please note: If you pre-pay for services and you cannot be reimbursed at the time of payment. The IRS requires services to be provided prior to reimbursement.



Dependent Daycare Flexible Spending Account

This account is used to pay, on a pre-tax basis, for eligible dependent care (daycare) expenses while you are at work and your spouse is at work, school, or seeking work.

Eligible dependents include:

- Dependent children under age 13
- Spouse and/or any adult dependent who you may claim as a tax exemption on your federal income tax return who are physically or mentally unable to care for themselves and who regularly spend at least eight hours a day in your household.

Eligible expenses

An eligible expense is the charge you pay for care of your dependents while you (or you and your spouse, if married) work, are in school, or search for gainful employment. A complete list of eligible expenses can be found [here](#).

Some examples of eligible expenses are:

- Provider caring for an individual in the employee's home
- Family daycare provider in the home of the provider (licensed or unlicensed)
- Daycare centers that comply with state and local laws
- Before/after school care programs
- Pre-school programs (for custodial purposes only)
- Church daycare programs
- Day Camps (for custodial purposes only)
- Sick-child facilities

The following dependent care expenses are not eligible:

- Educational expenses, including kindergarten
- Overnight camps
- Fees charged for field trips, meals, or activities
- Transportation expenses
- Nursing home expenses
- Care provided by employee's child who is under the age of 19 or by employee's dependent

Reimbursements

When you incur an eligible dependent care expense and submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount that has been contributed to your dependent care account to date, reduced by previous claims paid from the account.

Dependent care claims are reimbursed on a "paid to balance" basis, which means reimbursement requests will be issued up to the amount the participant has contributed to their FSA dependent care account at that point in time. Eligible dependent care expenses should not be submitted until after the care has been provided. Participants may submit reimbursement requests in excess of their account balance. The excess amount will pend in the system and be released when the contribution amount to cover the expense has been received. Claim approval is based on the date the care is provided, not on the date the payment was made for the care.



Transportation Flexible Spending Account

This account allows you to pay for your eligible parking expenses on a pre-tax basis.

Eligible employees

Eligible employees include all benefit eligible employees of the City of Saint Paul working in a DOWNTOWN location. Employees of the Griffin Building & ECC are not eligible to participate in the transportation FSA.

Reimbursements

When you incur an eligible transportation expense and submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount that has been contributed to your transportation account to date, reduced by previous claims paid from the account. Not to exceed maximum monthly election.

If there is not enough money in your transportation account to pay all the expenses, you have submitted during a pay period, the excess expenses will be carried forward to the end of the month. You do not have to resubmit these suspended expenses for reimbursement as they will be paid from the deposits you make in subsequent periods, not to exceed the monthly maximum allowed (the lesser of the amount contributed in a month or \$270). For income tax purposes, the statement you receive each time you get a reimbursement check will show the amount you actually received from your transportation account for expenses incurred during the year.

If you do not use the entire monthly amount elected any unused funds will be carried forward and may be used for qualified transportation expenses in future months. Note that regardless of the amount rolled forward, the monthly reimbursement maximum cannot exceed \$300.

After you have incurred your expense, you will need to submit a claim to Benefit Resource (BRI) through the BRIMOBILE app, online at www.benefitresource.com, or by mail. Benefit Resource will review your claim and issue you a reimbursement for eligible expenses.

Note: You can access the 'Claim Form' when logged into your online account. Just click on the Documents tab to find the form.

Mid-year contribution changes

Transportation FSA elections can be changed monthly. Initial and annual enrollment must be done in Infor. Contact Employee Benefits to request monthly election changes.

You can also terminate participation in the plan by contacting Employee Benefits. Only amounts deducted and expenses incurred on or before your termination date will be eligible for reimbursement. When you terminate participation in the plan, any funds left in your account (either unused or unclaimed) after the plan close date of February 15 will be forfeited.



2024 Claim Submission

There are four methods for submitting your health care, dependent daycare, and transportation FSA claims:

Beniversal Card

You will be issued the Beniversal Prepaid Mastercard for accessing your account(s). The Beniversal card is just one way of accessing your Flexible Spending Accounts. Remember to always save your receipts!

Mobile Devices

File from your preferred mobile device! Upload your claims using the BRIMOBILE app and check your balances too! The BRIMOBILE app is available from the Apple App Store and Google Play.

Online

File your claims online and upload receipts www.BRIweb.com through the secure participant portal.

Manual

You may file claims using the paper form(s) available on the [website](#) and attach required receipts according to IRS rules.

Required documentation

Remember to save ALL receipts from your Beniversal card transactions. The IRS requires that all card transactions be verified whether through automatic matches or requests for substantiation.

What kind of receipt do you need?

Itemized receipt showing:

- actual date of service,
- description of service, and
- patient responsible after insurance payments, or,
- Explanation of Benefits (EOB) from insurance provider

IMPORTANT

You should maintain adequate records to support your claims in the event of an inquiry by the IRS and keep copies of all documentation sent to Benefit Resource (BRI).

Direct deposit

Get your reimbursement faster with Direct Deposit!

To sign up, log into the secure participant portal, BRIWEB at: www.BenefitResource.com

Expand the menu under your name, select “Direct Deposit” and then “Add Direct Deposit”.

Additional assistance

Benefit Resource’s (BRI) participant service team is ready to help! Calls and live chat are answered every business day from 7:00 a.m. to 7:00 p.m. CT, including English and Spanish language support. Representatives can help you if you have specific questions about the health care account, dependent daycare account, and/or transportation account provisions. Their address and phone number are:

Benefit Resource

Office Address: 245 Kenneth Drive | Rochester NY 14623-4277 |

Mailing Address: PO BOX 642, Willow Grove, PA 19090

Phone: (320) 316-0521



Financial Coaching

Free & Confidential Financial Coaching Sessions



Financial Counseling

Your financial health is a critical part of your overall well-being. Our new partnership with LSS Financial Counseling offers all City of Saint Paul employees and their immediate family members up to six one-on-one financial coaching sessions per year at no cost. LSS Financial Counseling is an experienced nonprofit, full-service credit counseling agency and have counselors who are fluent in Spanish and Hmong. In addition, American Sign Language (ASL) interpretation is available as needed. These confidential sessions can help:

- set financial goals;
- explore your federal student loan repayment options, including Public Service Loan Forgiveness;
- establish a budget and build savings;
- prepare for homeownership;
- maximize your credit report and score,
- better prepare for your future.

Appointments are available in person, by phone, video conference, or online. To find out more, visit lssmn.org/cityofstpaul or call 800.528.2926



Long-Term Care Insurance

As you get older, it becomes more likely that you or a dependent will need help with everyday tasks like bathing, dressing, and eating. 70% of people 65 and older can expect to use some form of long-term care during their lives. Long-term care insurance pays for the care that you need when you cannot safely care for yourself, whether it is received at home, in the community, or in a nursing home.

Basic benefit

The City of Saint Paul offers a Long-Term Care insurance program with LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan. The LifeSecure Long-Term Care Insurance program has a variety of options available to tailor a plan that suits your individual needs.

Plan Choices

\$50,000 Benefit Bank*	\$100,000 Benefit Bank	\$200,000 Benefit Bank	\$300,000 Benefit Bank
\$1,000 Monthly Benefit (or, \$300 Cash Alternative)	\$2,000 Monthly Benefit (or, \$600 Cash Alternative)	\$4,000 Monthly Benefit (or, \$1,200 Cash Alternative)	\$6,000 Monthly Benefit (or, \$1,800 Cash Alternative)

*In WI: The \$50,000 Benefit Bank is not available.

Benefit Bank: The Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

Monthly Benefit Payout Structure: When you become eligible for benefits you can choose to receive reimbursement for qualified long-term care services (up to your Monthly Benefit for Covered Expenses) or you can elect to receive a cash payout (equal to your Cash Alternative Monthly Benefit).

Benefits begin after you are verified as Chronically Ill within the last 12 months and fulfill the 90-day benefit waiting period (0-days if qualifying impairment based on an accidental injury or stroke). Once you begin to receive benefits your premium payments will be waived.

Eligibility

All persons eligible for other employee benefits may enroll themselves, as well as their spouses/partners. Employee MUST enroll for spouse to enroll.

Underwriting

New employees and their actively-at-work spouse (working at least 20 hours per week) may apply with a simplified application/underwriting within their first 90 days of employment.

Existing employees and their spouses will complete a long-form application with full underwriting.

Additional information

- Cost: Rates are gender neutral and are based on a person’s age at the time the policy becomes effective.
- Payment: Premium payments paid via monthly debit from savings/checking, direct billed quarterly, semi or annual. Spouses/partners may pay their premiums through direct billing or automatic bank draft.
- Premium Discount: If you and your spouse both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006).
- Portability: An employee may continue coverage if he/she retires or otherwise leaves employment. Porting a policy will not affect the coverage or premium.

FOR MORE INFORMATION
 To get more information, a quote, or apply online go to GroupLTCI.com/cityofstpaul
 Long-term care insurance specialists are also available by phone at (844) 733-0282.



Employee Assistance Program

The Medica® Optum® Employee Assistance Program (EAP) provides confidential, professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing. The program is available to all benefits-eligible employees. Your spouse and immediate family members are also eligible for EAP services.

Master's-level counselors can help you find answers and resources to tackle the tough issues you and your family face including:

- Job concerns and work productivity
- Personal, interpersonal, and work relationships
- Family issues
- Conflict resolution
- Coping with stress
- Adjustment to grief/loss or change
- Mental health
- Chemical health and dependency issues
- Community resources
- Dependency issues
- Financial issues
- Legal concerns

The program includes coverage for five in-person sessions covered at no additional cost. If you need to be seen beyond the five free visits, many of the network providers are included in one of the City's medical plan networks.

EAP services are provided by:

Medica® Optum®

1-800-626-7944

TTY callers, please call 711 and ask for the number above.

Website: liveandworkwell.com; Password: Medica



Continuation of Benefits

Under federal and/or state regulations, you may continue your participation in the City's group health insurance plan, dental insurance, the health care flexible spending account, VEBA/HRA, and some life insurance coverages. The method and duration of continuing coverage are dependent upon the circumstances under which eligibility for coverage is lost (the "qualifying event").

Qualifying events:

- Dependent's loss of eligibility for dependent status
- Divorce or legal separation of employee
- Major/substantial reduction in hours worked of employee which results in a loss of benefits
- Death of employee
- Employee's termination of employment for a reason other than gross misconduct
- Unpaid leave of absence of employee

Federal COBRA and state continuation laws require that the City offer continuation of coverage to the following qualified persons:

- An employee (and his/her covered dependents) whose coverage would otherwise end due to: (a) termination of employment for a reason other than gross misconduct; or, (b) a discontinuance of the employee's pay (i.e., layoff, suspension, or leave of absence); (c) loss of benefit eligibility (i.e., significant reduction of hours worked, or change in title or bargaining unit disallowing benefits);
- An employee's surviving spouse and/or children whose coverage would otherwise end due to the employee's death;
- An employee's spouse and/or children whose coverage would otherwise end due to divorce or legal separation;
- An employee's spouse and/or children whose coverage would otherwise end due to the employee's election to drop out of the health plan upon the employee's entitlement to Medicare; and,
- An employee's child whose coverage would otherwise end due to ceasing to be a dependent child under the generally applicable requirements.

Please note: Continuation is not available to any employee, spouse, ex-spouse, or dependent that becomes covered under any other group health plan, except as otherwise be provided by law.

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 does not accept late enrollees.



Notice requirements

The employer is responsible to give qualified persons written notice of their continuation rights, obligations, and costs when a qualifying event occurs. If a qualified dependent ceases to be eligible for coverage due to divorce or the loss of dependent status, notice must be provided to the employer within 60 days of the event.

Election requirements

Continued coverage is not automatic. The qualified person must elect to continue any or all of the eligible benefits in which s/he was enrolled. The period during which continuation coverage could be elected:

- Must begin no later than the date coverage would otherwise end due to a qualifying event; and,
- Must be within 60 days of the qualifying event date or such other period as required by state law; and,
- May not end earlier than 60 days, or such other period as required by state law, after the coverage ends, due to a qualifying event, and after the qualified beneficiary receives notice of his or her continuation rights.

Please note: Failure to return the election form within the stated 60-day period will result in termination of eligibility.

Your initial contribution will include the cost of coverage, retroactive to the date of the qualifying event, and is payable at the time of election. If an election is made during the qualifying 60-day period after the qualifying event, the plan shall permit payment for continuation coverage 45 days after the date of the election. If full payment for the original contribution is not received within 45 days of the date of your election to continue coverage, your coverage will be terminated for non-payment, effective the end of the month in which the qualifying event took place.

Monthly premium

A person who elects continuation will be required to pay the entire cost of the continued coverage plus a 2% COBRA administration charge when applicable. Premiums are due the 1st of the month with a 30-day grace period. Failure to pay the monthly premium will result in cancellation of coverage.

Continuation period

Continued coverage will end on the earliest of the following dates:

- For qualified persons described above (pertaining to termination of employment or discontinuance of pay or loss of benefit eligibility), the date coverage has been continued for 18 months; or, for all other qualified persons, the date coverage has been continued for 36 months or such other period as required by state law.
- With respect to each qualified person, the date that person becomes covered under any other group health plan as a result of employment or re-employment.
- The end of the period for which contribution is paid; if the required contribution is not paid on a timely basis, (required payments are the responsibility of the qualified person).
- The date the City plan is terminated, if ever.

Leaves of absence/layoff/suspension

If you take a voluntary leave under the Civil Service Rules, or experience a layoff or suspension, or take a leave of absence that is not a family or medical leave under the Family and Medical Leave Act of 1993, the way in which you may participate in the plan will depend on whether or not you continue to receive compensation from the City.

- Continue to be paid by the City—your benefit elections can remain in effect and the City will continue to pay its portion of your premiums and withhold your pre-tax contributions.
- Not being paid by the City—your participation in the plans will be treated in the same way as if you had terminated employment (see above). You may elect to continue to pay for your health insurance, your dental insurance, some life insurance, and any health care expense reimbursement benefits on an after-tax basis by sending your payment to Benefit Resource after you receive the monthly premium due notice.

Your prior benefit election will be reinstated when you return to work on the first of the month following your return from a leave of less than 12 months.



Family and Medical Leave Act (FMLA)

If you are on a family or medical leave under the Family and Medical Leave Act at any point during the plan year, you will be entitled to revoke your election with respect to medical coverage and any medical expense reimbursement benefits under the plan. In addition, following your return from the family or medical leave, you will be entitled to reinstate those coverages for the remainder of the plan year, on the terms that applied prior to the leave.

Any revocation or request for reinstatement in the City's group health insurance or health care account must be made using the group insurance application.

- Revocation request—Application must be submitted no later than 30 days after the commencement of the family and medical leave.
- Reinstatement request—Application must be submitted no later than 30 days after return from the family or medical leave.

If you reinstate medical reimbursement coverage under the health care flexible spending account following a family or medical leave:

- Your period of coverage for the plan year will exclude periods for which your coverage had lapsed because of the revocation or termination;
- No expenses incurred during the excluded period will be eligible for reimbursement under the plan;
- Your level of coverage for the plan year of the reinstatement will equal your coverage level in effect at the time of your revocation or termination, reduced on a pro rata basis to reflect excluded periods for which your coverage had lapsed; and
- All previously paid benefits will be charged against your revised coverage level.

If the employee continues on unpaid leave after the expiration of either FMLA or Voluntary Leave, the expected duration of the leave will determine whether the City will continue to bill the employee for the full premium or whether Benefit Resource will be notified to offer COBRA election.

Military leave

If you take a military leave of absence, you may have a right to have your coverage continued under group health plans, including the medical expense reimbursement portion of this plan. Upon your return from a military leave of absence, you may have a right to reinstate your coverage.

Contact your department's Benefit Specialist, located on page 40, as soon as you know you will be taking a family or medical leave, military leave, going on layoff or suspension, or other leave of absence.

Retirement planning

As you plan for retirement:

- Read your bargaining union contract; City contributions towards insurance vary by union.
- Download and print the "[Steps to Retirement](#)".
- Contact Benefits to get signed up for insurance after retirement.
- Call PERA at (651) 296-7460; you must be collecting your PERA retirement in order to be eligible for a City contribution towards retiree insurance.
- Sign your separation of employment with your department Payroll specialist; the City requires you to sign this in order to be eligible for a City contribution towards retiree insurance.

Benefits staff can answer any questions you might have about your benefits after retirement. Retirees under age 65 are offered the same plans as active employees, but City contributions are different. Other health insurance plans are available for retirees over age 65.

Your Benefits Specialist will go over your options for retiree health insurance, explain COBRA continuation, provide information on the Post Employment Health Plan for those eligible for severance pay, and get you signed up for automatic withdrawal of premium payments.



Deferred Compensation

As a City employee, you can participate in a 457 Deferred Compensation plan. Under a deferred compensation plan, you can make pre-tax contributions through payroll deduction into a variety of investment options to save for retirement. By setting aside a portion of your income to accumulate on a tax-deferred basis, you pay less tax dollars now, and your savings and investment earnings accumulate tax-deferred until you start withdrawals from the plan at retirement. The City of Saint Paul offers employees a choice of two deferred compensation providers:



Voya Financial is an American financial, retirement, investment and insurance company based in New York, New York. In April 2014, the company (formally known as ING) rebranded itself as Voya Financial.



Minnesota State Deferred Compensation Plan,
Administered by Minnesota State Retirement System

Both plans offer a wide range of investment options, each designed to pursue a different investment objective. Contact plan representatives for:

- Information describing the plan, its options and investment histories
- Help with enrollment or change forms
- Catch-up rules
- Hardship withdrawal or payout information

Eligibility

The deferred compensation plans are available to all City employees, even those not eligible for insurance.

Enrollment

You can enroll or cancel participation in a deferred compensation plan any time during the year. You can change your deduction amount or stop and start your deductions whenever you choose. To enroll or make changes, contact a plan representative for the appropriate forms to complete.

You can contribute as little as \$10 per pay period up to the IRS maximum of \$22,500 (2023 limit). If you're age 50 or over, you can contribute the maximum of \$30,000 (2023 limit). Under the regular 3-year catch-up provision, you may be eligible to contribute up to \$45,000.

The City will deduct those contributions from your paycheck before State or Federal income taxes are taken out.

The deferred compensation program is meant for long-term savings only. Withdrawals from a deferred compensation plan are generally only allowed when you retire; separate from City employment; in the event of an "unforeseeable emergency or hardship" as defined by the Internal Revenue Code; or death.

Employer contributions

The City may make matching contributions per your bargaining unit contract.

How deferred compensation works:

- You choose how to invest your contributions from the investment options offered under the plan.

Pre-Tax:

- Contributions and earnings accumulate tax-deferred. You are subject to State and Federal income taxes only when you receive benefit payments.
- The plan has no effect on Social Security or PERA. Your Social Security and PERA benefits are based on your total pay, including the amounts paid into the deferred compensation.



- You can change your allocation and investment options within the plan whenever you choose.
- You can't actively contribute to both plan (VOYA and MNDCP) at the same time, but you can have assets invested in both plans at once.

Roth 457:

The Roth 457(b) option gives you the opportunity to make contributions on an after-tax basis. Note that any City matching funds will by law be on a pre-tax basis.

Contributions you make to your Roth 457(b) plan apply to your combined traditional 457(b) and Roth (after-tax) 457(b). You can contribute up to the IRS maximum of \$22,500 (2023 limit) and maybe more if you are eligible depending on age and retirement date. Talk to your deferred compensation vendor about these options.

Distributions from your traditional 457(b) are taxed as ordinary income in the year in which the money is distributed; while distributions from your Roth 457(b) account may be tax-free for federal income tax purposes (check your state tax rules). However, all distributions must be qualified and meet the following criteria:

1. The funds must be held for a 5-year holding period, dating from the earlier of:
 - The first year that you contribute to any Roth 457(b) account in your employer's plan,

AND

2. The *distribution* must be made on or after you have reached age 59½ (assuming you have separated from service), are disabled, or made to your beneficiary after your death.

Managing your account

Participants can manage their account online.

	VOYA	MNDCP
Website	www.voyaretirementplans.com <i>A demo site is available prior to enrollment at Voya Demo.</i>	www.msrs.state.mn.us/about-mndcp
Account management functions	<ul style="list-style-type: none"> • Current balance and contribution history • Daily fund quotes and market updates • Fund performance (including personal rate of return) • Change investment elections (fund and allocation changes) • Withdrawal request option • Change contribution amount including the option to schedule future increases • Update beneficiary information • Plan information • Order literature and prospectuses 	<ul style="list-style-type: none"> • Current balance and contribution history • Current fund allocation • Daily fund quotes and market updates • Fund performance • Change investment elections (fund and allocation changes) • Transfer, re-balancer and dollar cost averaging • Download forms and plan materials
Other website features/capabilities	<ul style="list-style-type: none"> • Investment growth calculator • Asset allocation worksheet • Links to educational workshops for Social Security, Retirement Healthcare, Life Insurance, College Planning and Retirement Readiness • Interactive Retirement Readiness tool for contribution, allocation and age calculator 	<ul style="list-style-type: none"> • Retirement income software (incorporates MNDCP, PERA, and Social Security) • Withdrawal Quote System (provides retirement estimates and payout options) • Links to PERA, Social Security, retail mutual funds, and the IRS



Plan comparison

If you are interested in the deferred compensation plans, you can receive a complete plan-to-plan comparison at any open enrollment session from either VOYA or MNDCP representatives. The plan-to-plan comparison includes information on rate of returns, individual operating expenses, and total fund expenses.

The comparison information below provides an overall comparison of the plan features provided by VOYA and the MNDCP. Specific questions should be directed to the plan representatives.

	VOYA	MNDCP
Local Plan Administrator	VOYA 20 Washington Ave South, Suite 150 Minneapolis, MN 55401	Minnesota State Retirement System 60 Empire Drive, Suite 300 St Paul, MN 55103
Local Representative Phone Numbers	Mark Isenberg (612) 492-0209 or Michael Stein (612) 492-0213 8:00 a.m. to 4:30 p.m.	Daryll Atkinson (612) 247-6638 8:00 a.m. to 4:30 p.m.
National Representative Phone Numbers	(800) 262-3862 Mon-Fri 7:00 a.m. to 9:00 p.m. Sat 7:00 a.m. to 3:00 p.m.	(800) 657-5757 Mon-Fri 8:00 a.m. to 4:30 p.m. .
Automated Telephone Voice Response System	(800) 262-3862 24 hours a day—7 days a week	(800) 657-5757 24 hours a day—7 days a week
E-mail Questions	misenberg@voyafa.com michael.stein@voyafa.com	info@msrs.us daryll.atkinson@msrs.us
Website Investment	www.voyaretirementplans.com	www.msrs.state.mn.us
Options	37 Investment options 36 Variable funds 1 Fixed account	10 Target Date Funds 9 Variable funds 1 Stable Value Fund 1 Money Market Fund
Quarterly Account Statements	Yes; mailed to home.	Yes; mailed to home.
Financial Planning Services	Available at no extra charge.	Not available at this time.
Enrollment	Personal one-on-one service with a local representative. Can be done any time during the year at the work site on employee time, or at a location and time convenient for the employee, including at home in the evening.	Personal one-on-one service with a local representative. Can be done any time during the year at the work site on employee time.
Annual Account Fees Daily	None	None
Asset-Based Charges	Daily asset charge applies to the entire variable fund balance as follows: 0.175% on VOYA funds; 0.175% on non-VOYA funds.	Daily asset charges are capped on balance in excess of \$125,000. 0.10% annual maximum of \$125 (capped/year).
Fund Operating Expenses	0.02% to 1.15%	0.01% to .66%
Expenses: Load, Risk & Mortality, Annuity Purchase, Transaction Fees,	None.	None.
Fee for Minimum Distribution	None.	None.
Compensation for Reps	Salary	Salary



Payment choices

You can start receiving payment from your deferred compensation plan as soon as 30 days from separation of employment. But, you don't have to withdraw funds until age 70½. All payments will be taxed as ordinary income in the year received, so you should discuss your income tax liability with an accountant or attorney before choosing an option. You can receive your benefits in any one of the following ways:

- Lump sum or partial lump sum distribution in combination with one of the other options.
- A Required Minimum Distribution option that allows you to receive only the minimum amount required by law at either age 70½ or retirement, whichever comes later.
- A systematic withdrawal option that provides periodic income for either a specific dollar amount or a specified time period at retirement or separation from service.

Death benefit

Upon your death, your plan beneficiary will receive benefits according to options/time frames outlined in the plan. If you die before benefits commence and your plan beneficiary is also your spouse, he or she is not required to begin receiving payments any earlier than when you would have reached age 70½.

Emergency withdrawal

Generally, withdrawals from a deferred compensation plan are not allowed unless you retire, separate from service, or die. However, a withdrawal can be made to meet an "unforeseeable emergency" as defined by the Internal Revenue Code. An unforeseeable emergency means a severe financial hardship to the participant resulting from:

- A serious illness or accident of the participant or beneficiary, the participant's or beneficiary's spouse or dependent.
- Major loss of the participant's or beneficiary's property due to casualty.
- Similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary. This does not include the purchase of a home or car, or payment of college expenses.

Emergency withdrawals are processed by each deferred compensation provider. Contact your plan administrator for an application.



Important Phone Numbers

<p>Benefit Resource (BRI) Flexible Spending Accounts and VEBA/HRA (320) 316-0521</p>	<p>Benefit Resource can assist you in determining allowable expenses for reimbursement through the flexible spending, dependent care, and parking account or VEBA/HRA. They can also assist you with completing reimbursement requests.</p>
<p>City and County Credit Union (651) 225-2754</p>	<p>Your City and County Credit Union offers many services: savings, checking, ATM/debit cards, online services, VISA credit cards, car loans, personal loans, mortgages, and more.</p>
<p>Employee Benefits at City of Saint Paul Melissa.Anderson@ci.stpaul.mn.us (651) 266-6529 (Police, Mayor, CC, HREEO, EMS, PH, CAO, Parks, Water) Sarah.Geving@ci.stpaul.mn.us (651) 266-8892 (Fire, PW, DSI, HR, OFS, OTC, Libraries, PED)</p>	<p>Employee Benefits staff are always available to answer questions or direct you to the appropriate resource. Most questions regarding benefit eligibility, negotiated employer contribution amounts, payroll deductions for insurance coverages, and specific information on rules for changing benefit elections should be directed to Employee Benefits.</p>
<p>HealthPartners Dental (800) 883-2177 or (952) 883-5000</p>	<p>HealthPartners can answer your questions about your dental plan benefits and networks. Customer service is available Monday through Friday from 7 a.m. to 6 p.m. Central Time.</p>
<p>LifeSecure Long-Term Care Insurance Enrollment Hotline (844) 733-0282</p>	<p>If you have interest in obtaining more information on Long-Term Care insurance, contact an enrollment specialist at The City of St. Paul's Long-Term Care Enrollment Support Center or visit The City of St. Paul's LTC e-Enrollment website at www.ltcipartners.com/cityofstpaul/lhci. An enrollment specialist will be able to assist you with any specific questions or details about the plan and rates—all that you will have to do when contacting the Enrollment Support Center is identify yourself as a City of St. Paul employee.</p>
<p>LSS Financial Counseling (800) 528-2926</p>	<p>LSS Financial Counseling offers six one-on-one financial coaching sessions per year at no cost. Appointments are available in-person, by phone, video conference, or online. To find out more, visit lssmn.org/cityofstpaul or call 800.528.2926</p>
<p>Medica CallLink Nurse Line (800) 962-9497 Hearing Impaired: 711</p>	<p>Medica CallLink Nurse Line offers immediate access to experienced, registered nurses who can answer your health questions and provide support. Nurses are available 24 hours a day, 365 days a year. You can also chat online with a nurse by logging on to mymedica.com.</p>
<p>Medica Customer Service (952) 945-8000 or (800) 952-3455 Hearing Impaired: 711 E-mail: askmedica@medica.com</p>	<p>Medica customer services can answer your questions about your health plan benefits including networks and pharmacy. Customer service is available Monday - Friday from 7 a.m. to 8 p.m. CT (closed 8 a.m. to 9 a.m. Thursdays) and Saturday from 9 a.m. to 3 p.m.</p>
<p>Medica Optum Employee Assistance Program (EAP) (800) 626-7944</p>	<p>Medica Optum EAP counselors provide confidential counseling and referral services to you and your family at no cost. Counselors are available 24 hours a day, 365 days a year.</p>



<p>Medica Behavioral Health (MBH) (800) 848-8327</p>	<p>Whatever you're going through right now, you can talk to a professional about it. They will listen to your situation, give their own guidance if you want it, and let you know what help is available through your program.</p>
<p>Minnesota Benefit Association (800) 360-6117</p>	<p>Public employee benefits and discounts</p>
<p>Minnesota Deferred Compensation Plan (MNDCP) (612) 247-6638 (800) 657-5757 Daryll.Atkinson@msrs.us</p>	<p>MNDCP is a City deferred compensation plan administrator. They can help you understand and enroll in the State of Minnesota Deferred Compensation Program. This can be done anytime during the year; it is not limited to open enrollment.</p>
<p>Mission Square Retirement Health Savings Program ICMA-RC Investor Services (800) 669-7400</p>	<p>Some union contracts offer City deposits into a Post Employment Health Plan (PEHP/PEHPA). These funds are available to use for medical expenses after you leave or retire from the City.</p>
<p>Securian's Life and AD&D Insurance Administered by Ochs (651) 665-3789 or (800) 392-7295</p>	<p>Contact Ochs Monday - Friday 8:00 a.m. to 4:30 p.m. CT if you have general question regarding your group Life and AD&D coverage options, certificate, or continuation of coverage questions, etc.</p>
<p>Claims Department (888) 658-0193</p>	<p>Contact Securian's Claims Department directly for questions regarding claims.</p>
<p>Securian Technical Assistance Password Assistance Technical Difficulties Website Usage</p>	<p>Group Technology Email: GroupHelp@securian.com Phone: (800) 660-2479</p>
<p>Standard Insurance Customer Service (Voluntary AD&D and LTD) (800) 368-2859</p>	<p>The Standard's customer service benefits examiners are available Monday - Friday between 7:00 a.m. and 7:00 p.m. CT.</p>
<p>Standard Insurance Short-Term Disability Claim Reporting Service (800) 378-2395</p>	<p>Report a claim as soon as you believe your absence from work may extend beyond seven calendar days for absences relating to a sickness. If your absence is related to an accident, please report this absence immediately. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery. The Standard's customer service benefits examiners are available Monday - Friday between 7:00 a.m. and 7:00 p.m. CT.ik</p>
<p>VOYA (612) 492-0209 (612) 492-0213 (800) 262-3862</p>	<p>VOYA is a City deferred compensation plan administrator. They can help you understand and enroll in the VOYA deferred compensation plan. This can be done anytime during the year; it is not limited to open enrollment.</p>



Employee Acknowledgement

1. I understand that this document is a summary of the benefits provided by the City of Saint Paul to eligible employees. In the event that this document and the plan documents governing each of the plans differ, the plan documents will prevail.
2. I understand that employee pre-tax dollars spent are also excluded from income eligible for FICA (Social Security) deduction.
3. I understand that employee pre-tax dollars spent will reduce income eligible for deferred compensation contribution.
4. I understand that the IRS value of employee life insurance in excess of \$50,000 is taxable income and is subject to FICA deduction.
5. I understand that if I apply for coverages requiring evidence of insurability, and I fail to complete the required questionnaire or provide the information requested by the insurance provider in a timely manner the election will be denied. I will not be allowed to re-enroll until the next open enrollment.
6. I understand that if I apply for coverages requiring evidence of insurability, and the coverage is subsequently denied, I will not be allowed to re-enroll until the next open enrollment.
7. I understand that the following changes in status will require the completion of a change form:
 - a. A change in bargaining unit if the new bargaining unit offers different benefit options; and
 - b. A change from full time to part time status, and vice versa, if my bargaining unit agreement requires or allows an election change under these circumstances.
8. I understand that if I do not print and save a copy of my benefit election statement, I will not be able to dispute an enrollment election that differs from what I intended.
9. I understand that no mid-year changes may be made to my elections unless they are allowed by plan rule, federal law, and provider contract.
10. I understand that if I currently have a medical plan and do not enroll in Infor by the deadline I will retain my current medical plan but my dependents may not have coverage.
11. I understand that if I currently carry no medical and I do not enroll in Infor by the deadline, I will have no medical coverage in the following year.
12. I understand that if I fail to re-enroll in a Flexible Spending Account (FSA) for 2024 by the deadline, my participation will be terminated at the end of the 2023 plan year per IRS regulations.





City & County Credit Union

SERVING CITY OF ST. PAUL EMPLOYEES
& THEIR FAMILIES SINCE 1927



Checking & Savings Accounts

Gain financial control with more savings & fewer fees.



Lower Interest Rates

Not-for-profit earnings paid to you through better rates & fewer fees.



Auto Loans

Get the vehicle you want and the payment you deserve.



Boat Loans

Make your dream boat, a reality with our low rates.



Mortgages & HELOCs

Low closing costs, competitive rates & no hidden fees.



Membership Benefits

Enjoy member exclusive events & discounts.

CITY OF ST. PAUL EMPLOYEE EXCLUSIVE BONUS

Open a new checking account with Direct Deposit and receive a **\$32 bonus**.

\$32 BONUS

WHY \$32?

It's different and we're a different way to bank.

\$32 bonus will be deposited into your account within 30 days of opening a new CCCU checking account with direct deposit. Direct deposit must be set up within 6 months of opening account. New members cannot have existing City & County accounts. Federally insured by NCUA.

8 METRO LOCATIONS
(651) 225 2700 | CCCU.COM



Insured by NCUA. Equal Housing Opportunity. Rates subject to change without notice. Rate determined by creditworthiness and other loan criteria.

