

BE WELL.

SAVE WELL.

LIVE WELL.



**SAINT PAUL
MINNESOTA**

2026

**Employee Benefits Book
City of Saint Paul**

Welcome to Your Benefits

When you choose a career in public service, you're not just making a difference in your community—you're securing exceptional benefits that support you and your family. As a full-time [union-represented](#)* employee, you enjoy access to some of the most competitive benefits available in the public sector. Full-time employees authorized to work at least 30 hours per week are eligible for benefits.

Here's why working with us is such a smart choice:

Employer-Paid Life Insurance: Enjoy peace of mind with basic life insurance coverage fully paid for by your employer.

Together, these benefits reflect our commitment to the well-being, security, and financial stability of the people who keep our community running every day.

- **Excellent Health Insurance:** Some single-coverage plans have \$0 premiums—making top-tier coverage truly affordable.
- **Robust HRA Contributions:** Enroll in our High-Deductible Health Plan (HDHP) and receive up to \$900 in employer contribution each year, deposited quarterly into your Health Reimbursement Arrangement (HRA).
- **Extra Wellness Rewards:** Participate in our wellness program and earn an additional \$900 HRA contribution the following year—rewarding you for taking care of your health.
- **Employer-Paid Life Insurance:** Enjoy peace of mind with basic life insurance coverage fully paid for by your employer.

Together, these benefits reflect our commitment to the well-being, security, and financial stability of the people who keep our community running every day.

PERA Pension: A Secure Retirement for Public Employees

As a public employee, you're automatically enrolled in the Public Employees Retirement Association (PERA). Once vested, this defined-benefit pension plan provides guaranteed lifetime retirement income based on your years of service and highest average salary—contributing to your financial security in retirement.

Your contributions are automatically deducted from each paycheck, and your employer contributes as well, making it a true partnership in your future. PERA also offers disability and survivor benefits, ensuring peace of mind for you and your loved ones. Go to <https://mnpera.org/members/benefit-basics> to learn more.

Life Events: Don't Forget to Update Your Benefits

Major life changes can affect your coverage. If you get married, have a baby, adopt a child, experience a divorce, or have another qualifying event, be sure to update your benefits elections within 30 days. Keeping your information current ensures that you and your family continue to receive the coverage you need.

What's NEW for 2026?

Kavira Health – Virtual Care and Home Visits

Starting January 1, the City of St. Paul will fully cover a Kavira Health membership for those enrolled in the City's Medica health plan. This benefit extends to your spouse and children under 26.

Kavira delivers same-day primary and urgent care through home visits and telehealth, with no copays, insurance hassles, or surprise bills. Members can easily schedule visits, message providers, request refills, and video chat through our app. A Kavira clinician will assess your symptoms and answer your questions.

Kavira is not a replacement for health insurance but an added service to make care more accessible and convenient - the next generation of healthcare. Download the Kavira app on your phone starting January 1st to begin receiving care for you and your family!

Hospital Indemnity Insurance

You have the option to purchase hospital indemnity insurance for the 2026 plan year. This benefit allows you to receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.



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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 stepchildren 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 through Medica. All employees on the City's Medica plan, have access to free primary and urgent care telehealth visits from Kavira Health. Full family coverage is included with your 2026 Medica plan. See page 9 for more information.

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 22 for more information.

Rate Tiers

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

- Employee only

2026 Monthly Rates Medica Plans	Single Coverage		Family Coverage	
	Total Cost*	Employee Cost	Total Cost*	Employee Cost
\$2,500 Choice with UHC PPO	\$884.14	\$51.10	\$2,308.46	\$306.12
\$2,500 Elect Plan	\$796.30	\$0.00	\$2,079.76	\$77.42
\$2,500 VantagePlus Plan	\$796.30	\$0.00	\$2,079.76	\$77.42
\$2,500 Park Nicollet/HP First	\$791.46	\$0.00	\$2,067.16	\$64.82
Copay Choice with UHC PPO	\$1,130.16	\$731.28	\$2,964.54	\$2,216.32

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

All employees on the City's Medica plan, have access to free primary and urgent care telehealth visits from Kavira Health. Full family coverage is included with your 2026 Medica plan. See page 9 for more information.

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 country, 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 that are 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 a 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

Current member site: www.medica.com/signin

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

MEDICAL BENEFITS

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

DID YOU KNOW?

Nearly half of adults (48%) with medical debt are paying off **\$2,000 or more.**

Commonwealth Fund, 2024 Biennial Health Insurance Survey, 2024



BENEFIT	\$2,500 Deductible Plan		\$35 Copay Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$2,500 / \$3,500	\$3,000 / \$5,500	No Deductible	\$300 / \$900
Annual Out-of-Pocket Maximum (Individual/Family)	\$3,500 / \$3,500	\$5,000 / \$7,000	\$3,000 / \$5,000	\$4,000 / \$6,000
Primary care visit, chiropractic visit, specialist visit	20% coinsurance	35% coinsurance	\$35 copay / visit*	35% coinsurance
Convenience care visit	20% coinsurance	35% coinsurance	\$15 copay / visit*	35% coinsurance
Preventive care / screening / immunization	No charge*	Well child care: 0% coinsurance* Other services: 35% coinsurance	No charge*	Well child care: 0% coinsurance* Other services: 35% coinsurance
Diagnostic test (x-ray / blood work)	20% coinsurance	35% coinsurance	No charge*	35% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance	35% coinsurance	20% coinsurance*	35% coinsurance
Outpatient surgery	20% coinsurance	35% coinsurance	No charge*	35% coinsurance
Emergency room care	20% coinsurance	Covered as in-network benefit	\$55 copay / visit*	Covered as in-network benefit
Emergency medical transportation	20% coinsurance	Covered as in-network benefit	No charge*	Covered as in-network benefit
Urgent care	20% coinsurance	Covered as in-network benefit	\$35 copay / visit*	Covered as in-network benefit
Hospital stay	20% coinsurance	35% coinsurance	No charge*	35% coinsurance
Mental health, behavioral health, or substance abuse services	20% coinsurance	Covered as in-network benefit	No charge*	0% coinsurance*

PRESCRIPTION DRUG BENEFITS

Your prescription plan details are as follows:

PRESCRIPTION DRUGS	\$2,500 Deductible Plan		\$35 Copay Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic drugs	Retail: \$10* Mail Order: \$20**	35% coinsurance	Retail: \$10* Mail Order: \$20**	35% coinsurance
Preferred brand drugs	Retail: \$35* Mail Order: \$70**	35% coinsurance	Retail: \$20* Mail Order: \$40**	35% coinsurance
Non-preferred brand drugs	Retail: \$50* Mail Order: \$100**	35% coinsurance	Retail: \$35* Mail Order: \$70**	35% coinsurance
Specialty drugs	Preferred: 20% coinsurance; \$200 maximum* Non-preferred: 30% coinsurance*	Not covered	Preferred: 20% coinsurance; \$200 maximum* Non-preferred: 30% coinsurance*	Not covered

* Deductible does not apply

** 93-day supply

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

Use the table below to determine which provider network is best-suited for your healthcare needs.

Network	PPO Network	Medica Elect® Network	Park Nicollet and HealthPartners Medical Group First with Medica SM Network	VantagePlus with Medica SM Network
Medical Plan(s)	\$2,500 Deductible Plan \$35 Copay Choice Plan	\$2,500 Deductible Plan	\$2,500 Deductible Plan	\$2,500 Deductible Plan
What kind of network?	National network	Care system network in Minnesota and northwestern Wisconsin	Accountable Care Organization network in Twin Cities metro area	Accountable Care Organization 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"> Direct access to Park Nicollet and HealthPartners specialty centers, including Bariatric Surgery & Weight Center, Child & Family Behavioral Health (formerly Alexander Center), TRIA Orthopedic Center, and many more Nationwide coverage when you travel No referrals needed when visiting a network provider 	<ul style="list-style-type: none"> Direct access to 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, North Memorial Health, and Park Nicollet.	The following care systems are included in the Medica Elect network: <ul style="list-style-type: none"> Allina Medical Clinics 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 includes direct access to more than 55 medical and surgical specialties, 50 neighborhood clinics, 18 specialty care centers, 20 urgent care locations, and hospitals recognized as leaders in cancer care, cardiovascular services, maternity care, and neuro-rehabilitation medicine.	VantagePlus with Medica connects with providers you know and trust from: M Health Fairview, North Memorial Health, the University of Minnesota, and many popular independent clinics. This means you'll have in-network access to academic medicine, expert care, and high-level trauma care.

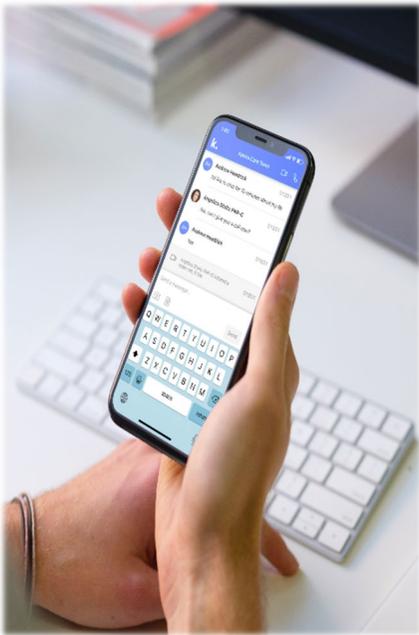
For more information about your plan and network options, visit www.welcometomedica.com/cityofstpaul

Kavira Health – Virtual Care and Home Visits (NEW for 2026!)

Starting January 1, the City of St. Paul will fully cover a Kavira Health membership for those enrolled in the City’s Medica health plan. This benefit extends to your spouse and children under 26.

Kavira delivers same-day primary and urgent care through home visits and telehealth, with no copays, insurance hassles, or surprise bills. Members can easily schedule visits, message providers, request refills, and video chat through our app. A Kavira clinician will assess your symptoms and answer your questions.

Kavira is not a replacement for health insurance but an added service to make care more accessible and convenient - the next generation of healthcare. Download the Kavira app on your phone starting January 1st to begin receiving care for you and your family!



Benefit Highlights:

- **100% Free Visits for Employees** – All care for you and your family has already been paid for by your employer
- **Unlimited on-demand** – Our responsive providers are here for you, and there is no limit to the number of visits you or your family may have
- **Complete Convenience** – Over 350 prescriptions and 30 labs* available to members at no cost!
- **No paperwork** – Forget filling out and mailing forms – it’s all done through the app

**To utilize this new benefit starting January 1st,
download the Kavira app!**



*Some labs may cost extra. Visit www.kavirahealth.com/labsandmeds to learn more.

Health Reimbursement Arrangement (HRA/VEBA)

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.

HRA/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 <i>or</i> \$2,500 Elect Plan <i>or</i> \$2,500 VantagePlus <i>or</i> \$2,500 Park Nicollet First	Single	\$225 each quarter (\$900 annually)
	Family	\$135 each quarter (\$540 annually)

Please note: Employees can earn an additional quarterly HRA/VEBA contribution by completing the requirements of the Healthy Saint Paul program. See page 14 for 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 17.

You can participate in both a medical flexible spending account (FSA) and a HRA/VEBA 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 HRA/VEBA account. Remember, unused HRA/VEBA funds automatically carry over from year to year. However, you are only allowed to roll-over \$660 from your FSA to 2026.

Filing reimbursement claims

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

Debit Card

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

From Your Smartphone

Upload your claims using the mobile app 'BRiMobile'.

Online Via Your BRIWeb Portal

File your claims online and upload receipts via www.briweb.com where you can log on to your [participant portal website](#). The claim wizard will walk you through filing a claim, including uploading documentation. Reference the documents section on your BRIWeb portal for more information, including plan year claim deadlines.

By Mail Using a Claim Form

You may file claims using the paper form(s) and attaching required receipts according to IRS rules. See page 11 for more information on required documentation.

IMPORTANT: The claim deadlines differ by account. The deadline to submit a HRA/VEBA reimbursement request is 365 days from the date of service. The deadline to submit DCA and FSA claims is 2/15 following the end of the plan year. The deadline to file Parking claims is 180 days from the date of service.

Required documentation

Remember to save ALL receipts from your Beniversal card transactions. The IRS requires that all card transactions be verified whether through auto-substantiation 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

Access to claims and balance information

To access claims information/history and balance information, go to www.briweb.com. Click on the Participant Portal Icon. For a tutorial on how to access your account: [Click Here](#)

- 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.
- If you have previously accessed your account, enter your Username and Password in the applicable spaces.
- After entering your login ID and password, you will need to provide multifactor authentication to complete the log in process.

Use your BRIWeb portal to check your balances, view claims history, file claims, upload card substantiation, or access plan resources. If you need help with logging in to your BRIWeb portal, please contact Benefit Resource at 320-457-0058.

Notifications

Click on the down arrow next to your name to update your notification preferences.

- Choose “Profile” to verify your current email address is listed or enter it to receive quarterly statements and communications by email instead of U.S. mail.
- Choose “Notification” to enroll in additional options for text or email updates.

The screenshot displays the BRI web portal dashboard. On the left is a navigation menu with options: Profile, Notifications, Direct Deposit, DASHBOARD, MEDICAL FSA / VESA HRA, DOCUMENTS, FAQs, SUBMIT CLAIMS/RECEIPTS, ENROLLMENT/CHANGES, and LOGOUT. The main content area features a top navigation bar with 'View Card Status' and 'View Profile' buttons. Below this is a promotional banner for the BRIMOBILE app. A notification card from September 03, 2024, asks for a survey. Another card from March 28, 2023, explains 'BPAS Reconciliation'. The 'Account Overview' section includes a table with columns for Account Type, Plan Year, Balance, and Claim Submission Deadline. The table lists 'VESA Health Reimbursement' for the plan year 01/01/2024 - 12/31/2024 with a balance of \$9,570.15. A 'Contact BRI' section provides email and phone information for participant services. The footer contains copyright and address information.

ACCOUNT TYPE	PLAN YEAR	BALANCE	CLAIM SUBMISSION DEADLINE
VESA Health Reimbursement	01/01/2024 - 12/31/2024	\$9,570.15	Review Plan Highlights

Direct Deposit

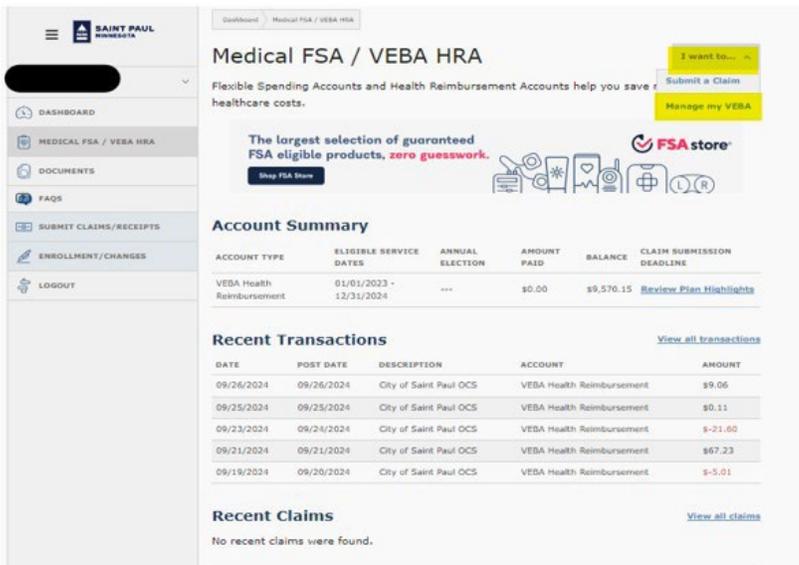
Get your reimbursement faster with Direct Deposit!

Click on the down arrow next to your name, select “Direct Deposit” and “Add Direct Deposit”.

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 trust 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 view your account on the BPAS site and work with your VEBA investments.



The screenshot displays the 'Medical FSA / VEBA HRA' account summary page. It includes a navigation menu on the left with options like Dashboard, Medical FSA / VEBA HRA, Documents, FAQs, Submit Claims/Receipts, Enrollment/Changes, and Logout. The main content area features a header with the account name and a description: 'Flexible Spending Accounts and Health Reimbursement Accounts help you save healthcare costs.' Below this is a promotional banner for 'FSA store' with the text 'The largest selection of guaranteed FSA eligible products, zero guesswork.' The 'Account Summary' section contains a table with columns for Account Type, Eligible Service Dates, Annual Election, Amount Paid, Balance, and Claim Submission Deadline. The 'Recent Transactions' section has a table with columns for Date, Post Date, Description, Account, and Amount. The 'Recent Claims' section states 'No recent claims were found.'

ACCOUNT TYPE	ELIGIBLE SERVICE DATES	ANNUAL ELECTION	AMOUNT PAID	BALANCE	CLAIM SUBMISSION DEADLINE
VEBA Health Reimbursement	01/01/2023 - 12/31/2024	----	\$0.00	\$9,570.15	Review Plan Highlights

DATE	POST DATE	DESCRIPTION	ACCOUNT	AMOUNT
09/26/2024	09/26/2024	City of Saint Paul OCS	VEBA Health Reimbursement	\$9.06
09/25/2024	09/25/2024	City of Saint Paul OCS	VEBA Health Reimbursement	\$0.11
09/23/2024	09/24/2024	City of Saint Paul OCS	VEBA Health Reimbursement	\$-21.60
09/21/2024	09/21/2024	City of Saint Paul OCS	VEBA Health Reimbursement	\$67.23
09/19/2024	09/20/2024	City of Saint Paul OCS	VEBA Health Reimbursement	\$-5.01

Frequently Asked Questions

How often is my HRA/VEBA account funded?

Your HRA/VEBA 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 HRA/VEBA contribution of \$225/quarter. Go to page 15 for a list of activities.

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

You or your dependents enrolled in the City medical plan must incur a qualified expense and either use the debit card to pay your provider or submit a completed claim via mail, online, or by using your smartphone app. 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 an 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 HRA/VEBA account are carried over from year to year. Having said that, however, the City has a carryover provision to the FSA, meaning \$660 or less can be carried over to 2026.

What if my expense is more than the balance in my HRA/VEBA 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 an approved claim will remain pending until you have additional funds for reimbursement. The unpaid claim will carry over to future years as needed.

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.

Frequently Asked Questions (continued)

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 HRA/VEBA. 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 HRA/VEBA. As a participant in the Non-Active HRA/VEBA, you can reimburse the cost of any qualified medical insurance plan, including Medicare premiums.

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

If you are survived by a spouse or dependent children, they may submit requests for medical expense 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 HRA/VEBA plan?

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

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) 457-0058

Healthy Saint Paul



We're excited to bring you the 2026 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!

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 \$405 per year). These dollars may be used to redeem at the new online Personify store, to purchase gift cards including VISA, Amazon, Target or make a charitable contribution.

Program dates

The Well-being Program begins January 1, 2026, and runs through December 31, 2026. 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. Dependents aged 18 and over as well as retirees on the City's Medica plan are eligible to earn rewards.



City of Saint Paul Ways to Earn 2026

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	Track any combination of 7000 steps, 15 active minutes or 15 workout minutes 20 days in a calendar month	Monthly (sync only)	\$20 monthly reward
	Per 1,000 steps (max 14,000/day; 140 points)	Daily (sync only)	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	Monthly (sync only)	400
Get 10,000 steps 20 days in a month	Monthly (sync only)	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
	Medica Promoted Programs	Program year	250
	Annual Exam (self-attestation)	Program year	\$5 Annual Reward
	My Care Checklist (includes COVID vaccine)	Program year	varies
	Go Green	Program Year	250
CITY SPECIFIC	Omada	Program Year	750
	Firefighter Screenings	Program Year	1500
	Police PT Test Completed	Program Year	1500
	Police PT Test Completed with a score of 90% or higher	Program Year	3,000
	ERN the Burn	Program Year	250
	MeQuilibrium	Program Year	750

Medica My Health Rewards – Personify Health (formerly VirginPulse) Login Step-by-Step Instructions

There are two options for logging in:

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

In the Personify Health App

1. Select “Create Account”
2. Type in “City of Saint Paul” **(For Spouse or Dependent 18+ select “Medica My Health Rewards”)**
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 **(Select Employee or Spouse/Dependent 18+)**
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 the registration asks for a passphrase, type: **Lets be Healthy 1999**

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

- Call Personify Health at **1-833-450- 4074**
- Email medica.support@personifyhealth.com



Flexible Spending Accounts (FSAs)

The City of Saint Paul offers eligible employees three types of Flexible Spending Accounts—a health care account, a dependent daycare account, and a parking 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. 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 \$3,300 in 2026.
- For the dependent daycare FSA, the maximum amount is \$7,500 per household per year.
- For the parking FSA, the maximum amount is \$340 per month in 2026.

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 48, for additional assistance.

Use-it-or-Lose-it Rule

The IRS requires that if you do not use all 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 the money in your parking 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 2026 plan year providing you enroll in the transportation FSA for 2026.

Carryover Funds

The IRS and City of Saint Paul allow participants in the Health Care Flexible Spending Account to carryover a limited amount of unused funds into the next plan year. You must remain eligible for the plan through December 31st and contribute your full elected amount in order to carryover up to \$660 into 2026.

Your transportation FSA will roll over from month to month. Remaining balances will be rolled over to the 2027 plan year providing you enroll in the transportation FSA for 2026. However, you will lose the unused funds if you do not elect to participate in the transportation FSA the following 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) You may file claims for 2026 expenses incurred from your effective date of coverage through December 31, 2026.

Deadline for health care and dependent daycare claims: You have until February 15, 2027, at 12:00 am CT to submit claims to for eligible expenses from your 2026 health care or dependent care FSA. All claims should be submitted to Benefit Resource (BRI). The Beniversal® Card is available for direct payment of medical expenses.

Deadline for transportation claims: Parking claims must be submitted within 180 days of the expense date. The Beniversal® Card is available for direct payment of parking expenses. 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](#).

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
- Menstrual products

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 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, family/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 either elected (Medical FSA) or contributed (Dependent Care FSA and Transportation FSA) 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 320-457-0058.

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.

Filing Reimbursement Claims

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

Debit Card

BRI's Beniversal debit card is just one way of accessing your Medical FSA or Transportation account. It is not available for accessing your Dependent Care FSA.

From Your Smartphone

Upload your claims using the mobile app 'BRiMobile'.

Online

File your claims online and upload receipts via www.briweb.com where you can log on to your participant portal website. The claim wizard will walk you through filing a claim, including uploading documentation. Reference the documents section on your BRIWeb portal for more information, including plan year claim deadlines.

By Mail Using a Claim Form

You may file claims using the paper form(s) and attaching 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).

Access to claims and balance information

To access claims information/history and balance information, go to www.briweb.com. Click on the Participant Portal Icon. For a tutorial on how to access your account: [Click Here](#)

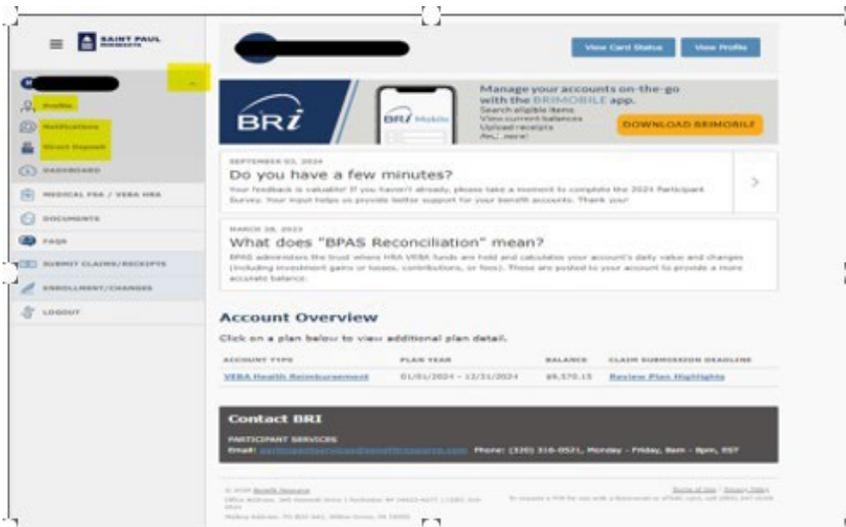
- If you have not accessed your account before, Members will click on “Register an Account”, then enter the company code **stpaul**, First Name, Last Name, Date of Birth, and Home Zip Code.
- If you have previously accessed your account, enter your Username and Password in the applicable spaces.
- After entering your logon ID and password, you will need to provide multifactor authentication to complete the log in process.

Use your BRIWeb portal to check your balances, view claims history, file claims, upload card substantiation, or access plan resources. If you need help with logging in to your BRIWeb portal, please contact Benefit Resource at 320-457-0058.

Notifications

Click on the down arrow next to your name to update your notification preferences.

- Choose “Profile” to verify your current email address is listed or enter it to receive quarterly statements and communications by email instead of U.S. mail.
- Choose “Notification” to enroll in additional options for text or email updates.



Direct deposit

Get your reimbursement faster with Direct Deposit!

Click on the down arrow next to your name, select “Direct Deposit” and “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) 457-0058

Hospital Indemnity Insurance (NEW for 2026!)

You have the option to purchase hospital indemnity insurance for the 2026 plan year. This benefit allows you to receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

HEALTH SCREENING BENEFIT

The hospital indemnity insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



2026 Monthly Rates	Hospital Indemnity
Single	\$15.08
Single + Spouse	\$33.76
Single + Child(ren)	\$22.97
Family	\$43.51

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** All employees who terminate employment can elect portability which continues coverage for life.

Policy Information

Eligible Benefit	Payout
Initial Hospital Admission; Limitations	\$1,000; No maximum
Hours Required for Admission	At initial admission or 18 hours
Daily Stay; Limitations	\$200; 30 days/confinement
Daily Hospital Payment Paid on Day 1	Yes
Daily ICU Stay; Limitations	\$400; 10 days/confinement
Rehab Facility	\$200; 30 days/year
Observation	\$1,000; 18 hours +
Mental Health and Substance Abuse in a Facility	\$200; 30 days/year
Newborn	\$200; 3 days/newborn

Dental Benefits

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.

2026 Monthly Rates	Preventive	Comprehensive	Comprehensive Plus
Single	\$0	\$22.72	\$26.58
Single + 1	\$0	\$44.61	\$52.27
Family	\$0	\$70.50	\$130.58

The City pays the cost of the preventive plan.

What does preventive dental care typically cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-Ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Dental 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, choose “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 up to plan max	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

Vision Benefits

VSP administers the City of Saint Paul vision plan for employees and their families. The VSP Materials Only plan is a basic plan that offers choice, flexibility, and value through a VSP Advantage Network Provider. Please note that this benefit is intended to compliment the routine eye exam covered under the medical benefit.

To find an in-network optical shop in your area, visit www.vsp.com. No ID card is necessary. When receiving services, tell them that you are a VSP member, and they will look you up by your SSN or DOB.

2026 Monthly Rates	Materials Only
Single	\$4.27
Single + Spouse	\$8.55
Single + Child(ren)	\$9.14
Family	\$14.61

In-Network Benefit	Description	Copay	Frequency
Frame	<ul style="list-style-type: none"> \$170 Enhanced Featured Frame Bands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Costco frame allowance 	\$20	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact resistance lenses for dependent children 		Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Additional Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price; discounts available at contracted facilities <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers Save up to 60% on digital hearing aids with TrueHearing® 		



5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams (benefit covered by medical plan) by visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean and follow the recommendations for use and wear.

Life Insurance

Securian administers the City of Saint Paul life insurance for eligible employees and their dependents. Learn more by visiting your educational microsite at: [Securian.com/city-of-saint-paul-insurance](https://securian.com/city-of-saint-paul-insurance)

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.

LIFE INSURANCE PLAN COMPARISON CHART	
Basic Term Life	Supplemental Life
The premiums are fully company paid.	The premiums increase as you age.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.

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 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 \$750,000 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 \$150,000 of coverage on a guaranteed issue basis – which means no health questions or evidence of insurability is required. For amounts over \$150,000, 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. 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 insurance 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 \$20,000 of spouse coverage on a guaranteed issue basis. For amounts over \$20,000, 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 \$1,050,000.

Supplemental life insurance (continued)

Child life insurance

You can also obtain life insurance coverage for your children. Children can be insured from live birth to age 26. Elect \$15,000 for each eligible child for one premium rate of \$1.029 per month. Or elect \$20,000 for each eligible child for one premium rate of \$1.372 per month. 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.

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	Monthly Cost per \$1,000
Under 30	\$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 and over	\$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.

Supplemental Life enrollment

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

Complete your enrollment on Securian Financials 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

The screenshot shows the Securian Financial website. On the left is the 'Account login' form with fields for 'User ID' and 'Password', and a 'Log in' button. A red arrow points to the 'Password' field. On the right is a 'Welcome, Ben!' message with a 'Get started' button, also with a red arrow. Below the login form is a 'Welcome to the LifeBenefits™ Experience' section. On the right side of the page, the 'Enrolled Coverage' section is visible, showing 'Basic Term Life' with a 'View details' link. Below this, there are sections for 'Status' (On File with Employer) and 'Beneficiary status' (Designator on file).

The screenshot shows the 'Enrollment hub' page. At the top, there is a progress bar with four steps: 'Enrollment', 'Profile information', 'Coverage selection', and 'Review & submit'. The 'Enrollment' step is currently active. Below the progress bar, the 'Optional Term Life' section is highlighted with a green border and a 'Enroll' button, with a red arrow pointing to it. To the right of the 'Enroll' button is a 'Not sure what type of insurance you need?' section with a 'Visit Benefit Scout >' link.

The screenshot shows the 'Profile information' page. At the top, there is a progress bar with four steps: 'Enrollment', 'Profile information', 'Coverage selection', and 'Review & submit'. The 'Profile information' step is currently active. Below the progress bar, the 'Profile information' section is visible, with a sub-section for 'You' containing fields for 'Social Security number' and 'Your spouse' containing fields for 'Name' and 'Date of birth'. A 'Complete later' button and a 'Next' button are at the bottom right, with a red arrow pointing to the 'Next' button.

Enrollment Profile information Coverage selection Review & submit

Employee coverage selection

How much coverage would you like for yourself?

Supplemental Life

Coverage amount Estimated monthly premium \$0.00

Select coverage amount

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 (pdf) >

Back Cancel Complete later Next

Enrollment Profile information Coverage selection Evidence of insurability Review & submit

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 of a hospital or medical care facility; (3) to emergency medical personnel who were tasked 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, crime lab personnel, correctional guards, including security guards at the Minnesota security hospital, 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.

Back Cancel Complete later Next

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
BEN.A.FLECK@CI.STPAUL.MN.US

Additional information

AUTHORIZATION
I authorize any 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

Back Cancel Submit

Reporting a claim

Contact your department's Benefit Specialist, located on page 48, for additional assistance.

Continuation, portability, and conversion

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.

Securian Additional 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.

Identity theft recovery services (from Generali Global Assistance)

Fraud resolution specialists provide guidance and perform certain administrative tasks to resolve issues resulting from identity theft. The program includes prevention services, detection services, resolution guidance and assistance, and personal services.

Visit <https://us.generaliglobalassistance.com/> U.S and Canada: 1-866-893-8508 (outside the U.S. and Canada: 1-202-659-7816
Email: IDProtection@us.generaliglobalassistance.com

Learn more by visiting your educational microsite at: [Securian.com/city-of-saint-paul-insurance](https://securian.com/city-of-saint-paul-insurance)

Minnesota Paid Family and Medical Leave (MN PFML)

Effective January 1, 2026

Minnesota Paid Leave provides payments and job protections when you need time off to care for yourself or your family.



How long can I take leave?

You may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total.

How much will I get paid?

When you use Paid Leave, the state makes payments to you. Paid Leave will pay up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state's average weekly wage. This amount changes each year and is \$1,423 for 2026.

Who pays for Paid Leave?

Paid Leave is funded by premiums paid by employees and employers. The initial premium rate is 0.88% of covered wages. Your employer may deduct up to 0.44% of your wages to fund your portion of the premium.

What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance premiums while you are on leave.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use Paid Leave. Employers cannot take your Paid Leave payments.

For inquiries related to Paid Leave, please contact Minnesota Paid Leave at 651-556-7777 or visit their website. If you think your employer is violating employment protections, contact the Labor Standards Division at the Minnesota Department of Labor and Industry.

LEARN MORE

Visit paidleave.mn.gov to apply or for more information about Paid Leave, including calculators to help you estimate your premium costs and the payments you could receive under Paid Leave.

What can I use Paid Leave for?

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- Bonding Leave – to care for and bond with a new child welcomed through birth, adoption, or foster placement
- Caring Leave – to care for a family member with a serious health condition
- Military Family Leave – to support a family member called to active duty
- Safety Leave – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

Generally, conditions must last more than seven days and be certified by a healthcare provider or other professional.

Am I covered by Paid Leave?

Most workers in Minnesota are covered by Paid Leave. You are covered no matter the size of your employer, or the hours or days you work. Independent contractors and self-employed individuals are not automatically covered but may opt in. You may qualify for payments if you've been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of Paid Leave in 2026).

Short-Term Disability Insurance (STD)

Short-term disability insurance is available to eligible City of Saint Paul employees through Standard Insurance Company and pays you a monthly income while you recover from a short-term (less than six months) injury or illness. The STD insurance program allows you to receive your monthly STD 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. Please note that MN Paid Family Medical Leave (PFML) would be the primary payer and any STD over the threshold up to the elected percentage of your income would be used to top-up coverage for up to the first 12 weeks of medical leave. STD is elected to be paid as a percentage of your income, and this benefit pays up to six months of coverage.

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.

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.

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 \$0.365 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
\$1,200	\$800	\$2.92
\$1,500	\$1,000	\$3.65
\$1,800	\$1,200	\$4.38
\$2,100	\$1,400	\$5.11
\$2,400	\$1,600	\$5.84
\$2,700	\$1,800	\$6.57
\$3,000	\$2,000	\$7.30
\$3,300	\$2,200	\$8.03
\$3,600	\$2,400	\$8.76
\$3,900	\$2,600	\$9.49

Employee's Monthly Salary	Maximum Monthly Benefit	Monthly
\$4,200	\$2,800	\$10.22
\$4,500	\$3,000	\$10.95
\$4,800	\$3,200	\$11.68
\$5,100	\$3,400	\$12.41
\$5,400	\$3,600	\$13.14
\$5,700	\$3,800	\$13.87
\$6,000	\$4,000	\$14.60
\$6,300	\$4,200	\$15.33
\$6,600	\$4,400	\$16.06
\$6,900	\$4,600	\$16.79

\$7000+ (calc monthly benefit *0.365/\$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 866.756.8116. 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

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.

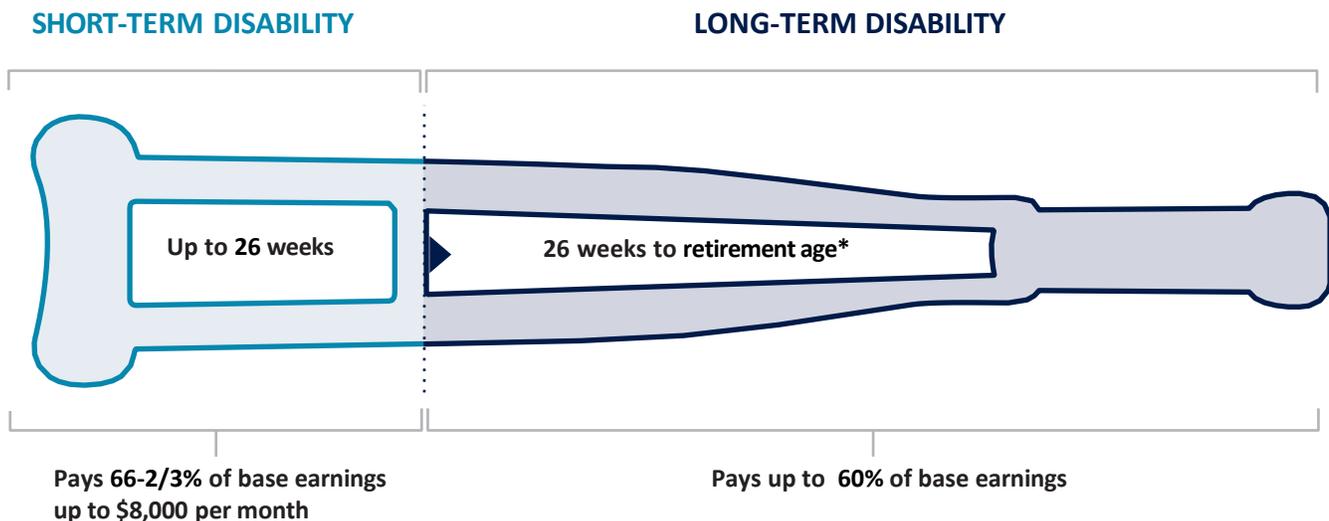
Contact your department's Benefits Specialist, located on page 48, for additional assistance.

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.



**exact length of coverage is dependent on age at disability (see page 34)*

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 \$1,000 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
At 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 \$1,000	\$600	\$5,667	\$3,400
\$1,167	\$700	\$5,834	\$3,500
\$1,334	\$800	\$6,000	\$3,600
\$1,500	\$900	\$6,167	\$3,700
\$1,667	\$1,000	\$6,334	\$3,800
\$1,834	\$1,100	\$6,500	\$3,900
\$2,000	\$1,200	\$6,667	\$4,000
\$2,167	\$1,300	\$6,834	\$4,100
\$2,334	\$1,400	\$7,000	\$4,200
\$2,500	\$1,500	\$7,167	\$4,300
\$2,667	\$1,600	\$7,334	\$4,400
\$2,834	\$1,700	\$7,500	\$4,500
\$3,000	\$1,800	\$7,667	\$4,600
\$3,167	\$1,900	\$7,834	\$4,700
\$3,334	\$2,000	\$8,000	\$4,800
\$3,500	\$2,100	\$8,167	\$4,900
\$3,667	\$2,200	\$8,334	\$5,000
\$3,834	\$2,300	\$8,500	\$5,100
\$4,000	\$2,400	\$8,667	\$5,200
\$4,167	\$2,500	\$8,834	\$5,300
\$4,334	\$2,600	\$9,000	\$5,400
\$4,500	\$2,700	\$9,167	\$5,500
\$4,667	\$2,800	\$9,334	\$5,600
\$4,834	\$2,900	\$9,500	\$5,700
\$5,000	\$3,000	\$9,667	\$5,800
\$5,167	\$3,100	\$9,834	\$5,900
\$5,333	\$3,200	\$10,000	\$6,000
\$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 (\$1,000 minimum required):

Age	Cost per Month per \$100	Cost per Month per \$1,000
0-24	\$0.112	\$1.12
25-29	\$0.154	\$1.54
30-34	\$0.210	\$2.10
35-39	\$0.336	\$3.36
40-44	\$0.490	\$4.90
45-49	\$0.770	\$7.70
50-54	\$1.134	\$11.34
55+	\$1.246	\$12.46

Reporting a claim

Claims can be reported by calling The Standard's Disability Claim Reporting Service at 866.756.8116.

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 more than 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 The 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 48.

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 (AD&D) 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 48. They can assist you with the proper forms you need to complete for AD&D benefits.

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 \$23,500 (2025 limit). If you're age 50 or over, you can contribute the maximum of \$31,000 (2025 limit). Age 60-63, the contribution maximum is \$34,750. Under the regular 3-year catch-up provision, you may be eligible to contribute up to \$47,000.

The City will deduct pre-tax contributions from your paycheck before State or Federal income taxes are taken out, and will deduct Roth contributions from your paycheck after State and 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; reach age 59 1/2 whether or not you are employed; 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.

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 \$23,500 (2025 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:
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	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 • Current fund allocation • Daily fund quotes and market updates • Fund performance (including personal rate of return) • Change investment elections (fund and allocation changes) • Transfer, re-balance and dollar cost averaging • Download forms and plan materials • Withdrawal request option • Change contribution amount • Update beneficiary information
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 (same building as PERA)
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 Options	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 Asset-Based Charges	None Daily asset charge applies to the entire variable fund balance as follows: 0.175% on VOYA funds; 0.175% on non-VOYA funds.	None Daily asset charges are capped on balance more than \$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 73. 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 73 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

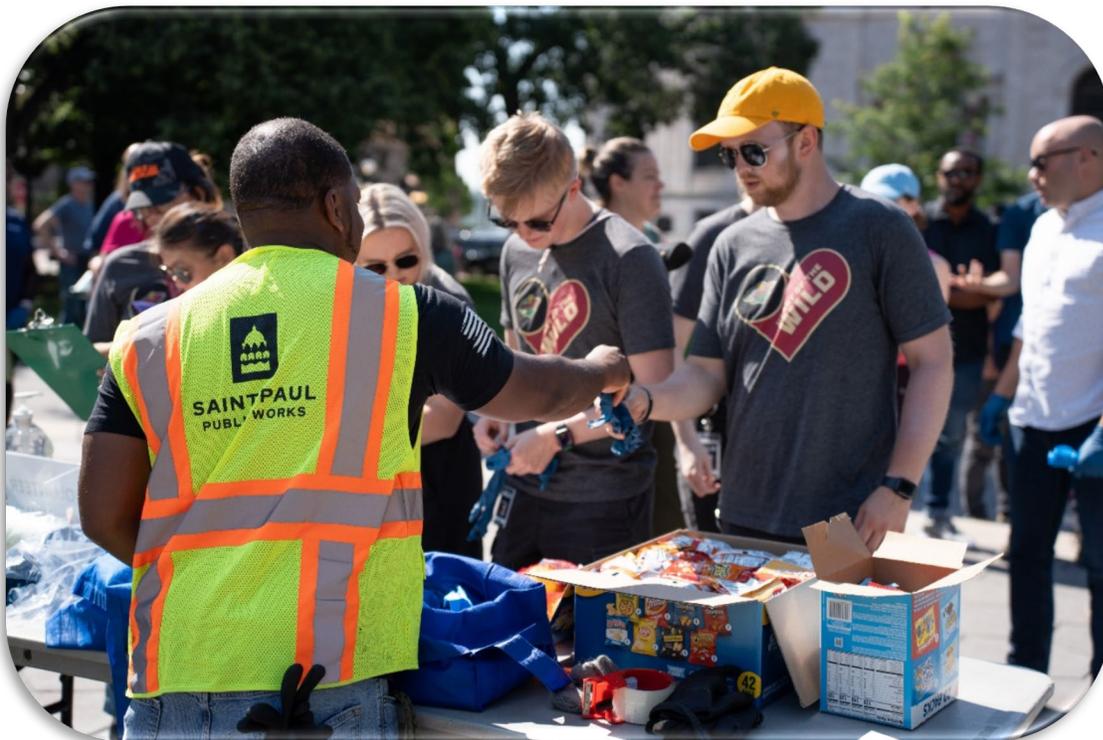
Upon your death, your plan beneficiary will receive benefits according to options/time frames outlined in the plan. If you die before benefits commence and your plan beneficiary is also your spouse, he or she is not required to begin receiving payments any earlier than when you would have reached age 73.

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.



PERA Pension

A Secure Retirement for Public Employees

As a public employee, you're automatically enrolled in the Public Employees Retirement Association (PERA). Once vested, this defined-benefit pension plan provides guaranteed lifetime retirement income based on your years of service and highest average salary—contributing to your financial security in retirement.

Your contributions are automatically deducted from each paycheck, and your employer contributes as well, making it a true partnership in your future. PERA also offers disability and survivor benefits, ensuring peace of mind for you and your loved ones. Go to <https://mnpera.org/members/benefit-basics> to learn more.

Financial Coaching

Free & Confidential Financial Coaching Sessions



Your financial health is a critical part of your overall well-being. Our 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:

- 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.
- Pay off credit card debt.
- 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 GroupLTCL.com/cityofstpaul
Long-term care insurance specialists are also available by phone at (844) 733-0282.

Employee Assistance Program (EAP)

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 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, HRA/VEBA, 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.
- 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 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.
- 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 HR Liaison 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, and provide information on the Post Employment Health Plan for those eligible for severance pay.

Important Phone Numbers

Benefit Resource (BRI)

FSA and HRA/VEBA: (320) 457-0058

COBRA: (320) 316-0521

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.

City and County Credit Union

(651) 225-2754

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.

Employee Benefit Specialists at City of Saint Paul

Melissa.Anderson@ci.stpaul.mn.us (651) 266-6529

(Police, Mayor, CC, HREEO, EMS, PH, CAO, Parks, Water)

Sarah.Landers@ci.stpaul.mn.us (651) 266-6563

(Fire, PW, DSI, HR, OFS, OTC, Libraries, PED)

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.

HealthPartners Dental

(800) 883-2177 or (952) 883-5000

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.

Kavira Health

(763) 373-3856

Connect with your Kavira Care Team in the app or text/call Monday – Friday from 8 a.m. to 7 p.m. and Saturday/Sunday from 10 a.m. to 2 p.m.

LifeSecure

Long-Term Care Insurance Enrollment Hotline

(844) 733-0282

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.

LSS Financial Counseling

(800) 528-2926

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

Medica CallLink Nurse Line

(800) 962-9497

Hearing Impaired: 711

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.

Medica Customer Service

(952) 945-8000 or (800) 952-3455

Hearing Impaired: 711 askmedica@medica.com

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.

Medica Optum Employee Assistance Program (EAP)

(800) 626-7944

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.

Important Phone Numbers (continued)

Medica Behavioral Health (MBH)
(800) 848-8327

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.

Minnesota Benefit Association
(800) 360-6117
info@minnesotabenefitassociation.org

Voluntary Benefits: The MBA is a non-profit organization dedicated to providing exclusive services, benefits, and scholarship programs to current or retired public employees and elected officials in the state of Minnesota.

Minnesota Deferred Compensation Plan (MNDCP)
(612) 247-6638
(800) 657-5757
Daryll.Atkinson@msrs.us

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.

Mission Square Retirement Health Savings Program ICMA-RC
Investor Services (800) 669-7400

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.

Securian's Life and AD&D Insurance
Administered by Ochs
(651) 665-3789 or (800) 392-7295

Contact Ochs Monday - Friday 8:00 a.m. to 4:30 p.m. if you have general question regarding your group Life and AD&D coverage options, certificate, or continuation of coverage questions, etc.

Claims Department (888) 658-0193

Contact Securian's Claims Department directly for questions regarding claims.

Securian Technical Assistance
Password Assistance, Technical Difficulties,
Website Usage

Phone: (866) 293-6047

Standard Insurance Customer Service
Voluntary AD&D: (800) 628-8600

The Standard's customer service benefits examiners are available Monday - Friday between 7:00a.m. - 7:00p.m

Standard Insurance Short-Term Disability & LTD Absence Reporting Service
(866) 756-8116

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

City of Saint Paul Leave Administration
Isabelle Samson
Isabelle.Samson@ci.stpaul.mn.us
651-266-6568

VOYA
(612) 492-0209
(612) 492-0213
(800) 262-3862

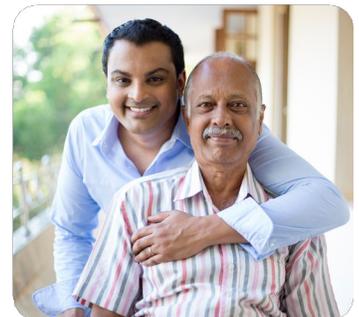
VOYA is a City deferred compensation plan administrator. They can help you understand and enroll in the VOYA deferred compensation plan. This can be done anytime during the year; it is not limited to open enrollment.

VSP
(800) 877-7195

VSP's Member Services can help you locate an in-network provider, answer questions on benefits, claims, or eligibility. Member Services is available Monday thru Saturday from 8:00am CST to 7:00pm CST. Members can email Member Services from the bottom of any vsp.com webpage or by using this link: <https://www.vsp.com/contact-us/email-customer-service>

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 more than \$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 2026 by the deadline, my participation will be terminated at the end of the 2025 plan year per IRS regulations.
13. I understand that Minnesota Paid Family and Medical Leave (MN PFML) is effective January 1, 2026, and that I may be eligible to receive payments and job protections when I need time off to care for myself or my family.



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APR=Annual Percentage Rate. City of St. Paul, Ramsey County Employees & General Mills Employees. Discount available for auto, recreational, & personal loans. Actual rate based on applicant's credit, amount financed, collateral and loan term. Rates subject to change. Additional discounts may apply. Loan subject to credit approval. Ask a Credit Union representative for complete details.

IMPORTANT NOTICES

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Employee Benefit Specialists at the City of Saint Paul on page 48.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and Issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact your Employee Benefit Specialists at the City of Saint Paul on page 48 for more information. Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

SUMMARIES OF BENEFITS AND COVERAGE (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

A paper copy is available, free of charge, by calling your Employee Benefit Specialists at the City of Saint Paul on page 48.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the City of Saint Paul group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Employee Benefit Specialists at the City of Saint Paul on page 48.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycolibri.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid
Website: www.medicaidla.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ohi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. MONTANA – Medicaid
Website: <http://dphhs.mt.gov/>
MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
29. SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid
Website: <https://dvh.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

