

Ramsey County

Employee Insurance Benefit Plans

Reference Guide

2017

Retiree Benefits

Retiree benefits are addressed in a separate Retiree Benefit Plan Reference Guide that is available on RamseyNet. All Employee and Retiree benefits are subject to change each year.

Please keep this guide for future reference

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Enrollment Restrictions

Please Note: There are restrictions on enrolling or changing medical or dental coverage during the Plan Year if you pay your premiums on a pre-tax basis. If you are paying premiums on a pre-tax basis, you may not cancel or add coverage during the year unless you have a qualifying change in status (see page 3) and notify the County within 31 days. For more information please refer to the Ramsey County Cafeteria Plan Reference Guide (available on RamseyNet or you may obtain a copy from your Benefit Representative.) Check with your Benefit Representative if you have any questions.

Special Enrollment Due to Change in Eligibility for Medicaid or CHIP

If you or a dependent lose eligibility or become eligible for Medicaid or coverage under a State Children's Health Insurance Program, you have up to 60 days after the change in eligibility to request special enrollment in the Ramsey County medical or dental plan. If you think you or any of your dependents might be eligible for either of these programs, call 1-877-KIDS NOW to discuss your options.

Eligibility for Insurance

Who is eligible?

- Permanent, probationary, provisional and unclassified employees who work at least 40 hours per pay period on a regular basis. For employees designated as less than 60 hours per pay period, eligibility for insurance is based on either Average Hours Worked or Standard Hours Worked as described on page 4.

Who is not eligible?

- Temporary, seasonal, and intermittent employees. (These employees may become eligible for medical insurance under the Affordable Care Act if they average at least 30 hours per week over a designated measurement period.)
- Employees who work less than 40 hours per pay period on a regular basis.

Who is an eligible dependent?*

For medical and dental insurance:

- Your spouse (as defined by the State of Minnesota). If your spouse is a Ramsey County employee, neither you nor your spouse may be enrolled as both an employee and dependent, and you may not double cover your children. Divorced spouses are **not** eligible dependents. If you are getting divorced and carry family coverage, you must contact Diane Leyde at 651-266-2734 concerning state and federal laws regarding continuation of coverage.
- Your children to age 26, including adopted children, stepchildren, and children under your or your spouse's legal guardianship, regardless of student status, marital status, or financial dependency. Grandchildren may be covered under the medical and dental plans up to age 26 if they are dependent upon you for the majority of their financial support.
- Children of any age who are both (a) incapable of self-sustaining employment by reason of physical or mental impairment; and, (b) dependent upon a covered person for the majority of their support and maintenance. This disability must have come into existence prior to losing dependent status.

* Employees are responsible for notifying the County within 31 days of the date a dependent is no longer eligible for coverage. Failure to do so may result in you being responsible for any retroactive charges for claims already processed and may also impact your ability to switch from family to single coverage. Coverage of the dependent ends at the end of the month in which they lose eligibility. However, state and federal laws provide for continuation of coverage for certain events, provided you notify the County within 60 days of the day coverage would otherwise end.

For optional life insurance:

- Domestic partners are eligible for the same benefits as spouses.
- Spouses or domestic partners, and children from 14 days up to age 19 (up to age 25 if full time students) are eligible for coverage under Optional Dependent Life insurance.

When can employees enroll or change coverage?

Medical and Dental:

Without evidence of insurability:

1. Current eligible employees may enroll or change coverage during designated open enrollment periods.
2. Eligible new employees may enroll within the first 31 days of their employment.
3. Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
4. All employees may be permitted to enroll or change medical or dental coverage within 31 days of a qualifying change in status. (See Qualifying Change in Status on Page 3. Contact your Benefits Representative to verify your eligibility to make a change.)

Also, see ***Special Enrollment Period for Medical Insurance, Late Enrollment for Medical Insurance, and Newborn Enrollment for Medical Insurance*** on the right side of this page.

Short-Term Disability, Optional Long-Term Disability and Dependent Life:

Without evidence of insurability:

1. Current eligible employees may enroll or change coverage during designated open enrollment periods.
2. Eligible new employees may enroll within the first 31 days of their employment.
3. Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
4. For Short-Term Disability, you can change to a longer elimination period at any time during the year.

With evidence of insurability:

1. Employees can enroll in Short-Term Disability, Optional Long-Term Disability or Dependent Life, or change to a shorter elimination period for Short-Term Disability at any other time, if they provide evidence of insurability and are approved by the insurance carrier.

Optional Employee Life and Spouse Life:

Employees may enroll or increase coverage **at any time**, if they provide evidence of insurability and are approved as required by the carrier. (See page 11 concerning opportunity to add coverage without evidence of insurability through “guarantee issue” as a new employee or employee first becoming eligible for insurance)

Special Enrollment Period for Medical Insurance

If you are declining enrollment in the Ramsey County Employee Benefit Plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days of losing your 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, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. Please contact your Benefits Representative if you have questions.

Newborn Enrollment for Medical Insurance

If you elect coverage, the effective date of coverage for newborn infants or newly-adopted children will be the date of birth, adoption or placement for adoption regardless of when notice is provided.

Late Enrollment for Medical Insurance

If you do not enroll yourself or any eligible dependents within 31 days of the date that you or your dependents first become eligible, you may enroll yourself and any eligible dependents at any time, as long as you or your dependents had maintained continuous and qualifying coverage within 63 days prior to your application for coverage with Ramsey County and no longer have that coverage.

Qualifying Changes in Status may include, but are not limited to:

- Marriage
- Birth/Adoption
- Death of your spouse or dependent
- Divorce
- Termination or commencement of spouse's employment
- Change of your or your spouse's employment from full-time to part-time or part-time to full-time
- You or your spouse going on or returning from an unpaid leave of absence
- Significant change in your or your spouse's health coverage attributable to the spouse's employment
- Dependent no longer qualifying under the County's health insurance program due to age
- Court order requiring you to assume liability for medical expenses of a dependent child

Other changes may be considered as qualifying events depending on individual circumstances.

Note: Generally, qualifying changes must impact eligibility, and changes in coverage must be on account of and consistent with the qualifying change in status. You must notify your Department Benefits Representative within 31 days of the change.

**When can employees enroll or change coverage?
(continued)**

Optional Accidental Death and Dismemberment (AD&D):

Eligible employees may enroll at any time without evidence of insurability. You must have optional employee life or spouse life in order to purchase optional AD&D.

Basic Life and Basic Long-Term Disability (LTD)

Employees who are eligible for a County contribution for insurance are automatically enrolled in Basic Life and Basic Long-Term Disability.

When is coverage effective?

The effective date of coverage will vary based on plan type and individual circumstances. In general, coverage is effective for new employees the first of the month following 30 days of employment. For most other situations, if you enroll on or before the date you are first eligible to participate, coverage is effective the first day of eligibility. If you enroll after the first day of eligibility, coverage is effective the first of the month following enrollment. (For information on eligibility for County contribution, see "Waiting Period for County Contribution to Insurance" on the next page.)

Consult with your Benefits Representative about when your coverage will be effective for your specific situation. Late return of the enrollment form could result in delay of coverage or loss of eligibility to enroll.

What happens to coverage during an unpaid leave of absence?

The types of coverage you may continue, the length of time for continuation, and the length of time you will receive a County contribution, vary depending on the type of leave. For most unpaid leaves of absence, the County contribution continues for the month you are last on paid status, plus the next month. This may vary if your leave qualifies under the Family and Medical Leave Act. Contact your Department Benefits Representative for more detailed information about unpaid leaves, and to obtain an Unpaid Leave of Absence Coverage Form.

When can eligible employees cancel their coverage?

Medical Coverage: This coverage may be canceled at any time if you are not participating in Pre-Tax Premium Program (PTPP) and pay your premiums on an after tax basis. If you are participating in the PTPP, and your premiums are paid on a pre-tax basis, you can only cancel medical coverage during an open enrollment period, or if there is a qualifying change in status. (See explanation at left.)

Dental Coverage: If you are not participating in the PTPP, and pay your premiums on an after tax basis, you may cancel dental coverage at any time subject to restrictions listed in the section on "Dental Coverage" in this Reference Guide. If you are participating in the PTPP, your premiums are paid on a pre-tax basis, and you can only cancel dental coverage during an open enrollment period, or if there is a qualifying change in status (see explanation on Page 3), subject to the restrictions listed in the "Dental Coverage" section on page 8 of this Reference Guide.

Life Insurance and Disability coverage may be canceled at any time.

Effective Dates: *When eligible employees cancel any of the above coverages, the cancellation is effective at the end of the month in which they provide cancellation notice.*

What are the County Contributions?

Basic Life and Basic Long-Term Disability:

The County pays the full premium for Basic Life and Basic LTD for employees who are eligible for the County contribution. (See Appendix B for rates.)

Optional Employee and Spouse Life, Optional AD&D, Dependent Life and Optional Long-Term and Short-Term Disability:

The employee pays the full premium. (See Appendix B for rates.)

Medical and/or Dental Coverage: (See Appendix B for rates.)

If you work:

60 to 80 hours/pay period
40 to 59 hours/pay period

You will receive:

100% of the County contribution
2/3 of the County contribution

If your position is designated as *less than 60 hours* per pay period, your eligibility and contribution will be determined in one of two ways:

- 1. Average Hours Worked** – For employees in Local 8–General Unit; Local 8-Professional Employees; Local 1935-Parks and Recreation; Local 151-Community Human Services; Job Training; Licensed Practical Nurses; Local 1076-Ramsey Nursing Home; Local 707-Lake Owasso Residence; and Local 8-PHNs/RNs, eligibility for insurance and the County contribution will be based on the average hours worked over a six-month period. Average hours worked between pay periods 15-1 will determine eligibility and contribution beginning February 1st; and average hours worked between pay periods 2-14 will determine eligibility and contribution beginning August 1st. For new employees in these bargaining units, or current employees becoming eligible due to a change in employment status, the contribution will be based on the employee's assigned Standard Hours until the next average hours calculation is run.
- 2. Standard Hours Worked** – For all other employees, eligibility and the County contribution will be based solely on the employee's assigned Standard Hours.

Waiting Period for County Contribution to Insurance

New employees are eligible for a County contribution the first of the month following 30 days of employment.

New employees may enroll in insurance plans before the County contribution is effective; however, they must pay the full premium until they are eligible for the County contribution.

Current employees, who become eligible for coverage based on the terms of their union contract or Personnel Rules/Benefits Policies due to an increase in hours, will be immediately eligible for a County Contribution provided they have worked for the County as a permanent, provisional, probationary or intermittent employee, for the length of the waiting period for new employees. (For effective date of coverage, see "When is Coverage Effective" on Page 3.)

HealthPartners Information

Member Services:
952-883-5000 or
1-800-883-2177
www.healthpartners.com

Summary of Benefits Coverage

A detailed Summary of Benefits Coverage (SBC) is available on RamseyNet.

Provider Information

The most current provider information is available at www.healthpartners.com or contact Members Services for provider information.

Note: HealthPartners contracts with CIGNA Healthcare to provide services outside of the HealthPartners service area. CIGNA is a national network of over 700,000 providers. When members use the CIGNA network outside of the HealthPartners service area, their claim will be processed as an in-network, Benefit Level Two claim. If you need help finding a CIGNA provider, call 952-883-5000 or 1-800-883-2177, or www.healthpartners.com.

Waiver of Out-of-Network Deductible for Dependent Children

The out-of-network deductible (\$750) is waived for dependent children residing outside the HealthPartners network of participating providers. You must complete a "Waiver of Out-of-Network Deductible" form each year in order to receive the deductible waiver. Forms are available from your Department Benefits Representative or on RamseyNet.

Medical Coverage

HealthPartners Distinctions (Group #12900)

Medical coverage is available to you, or to you and your family through the HealthPartners Distinctions plan. Dependent children may be covered up to age 26 regardless of student status, place of residence, or marital status.

This plan provides in-network and out-of-network coverage. To obtain in-network benefits, you may obtain services from any network provider. The large, open-access network is split into two benefit levels based on provider cost and quality. You generally have richer benefits when you use providers in Benefit Level One than when you use providers in Benefit Level Two.

In-network benefits: There is an annual in-network deductible (not applicable to preventive care or prescriptions) of \$25 per person/\$75 per family. Preventive health care is covered at 100% in both Benefit Level One and Two. If you (and your spouse if carrying family coverage) complete the HealthPartners Healthy Benefits program, your office visit co-pay to see a Benefit Level One provider for illness or injury is \$25; to see a Benefit Level Two provider is \$40. Your co-pay if you visit a convenience clinic is \$10. If you (or your spouse if carrying family coverage) do not complete the HealthPartners Healthy Benefits program, your office visit co-pay to see a Benefit Level One provider for injury or illness is \$45; to see a Benefit Level Two provider is \$60. Your co-pay if you visit a convenience clinic is \$20. Urgent care is covered at the Benefit Level Two cost; emergency care is covered at 100% after \$100 co-pay. You and each of your eligible dependents will have access to Virtuwel, HealthPartners 24/7 on-line clinic, for 3 free visits per year. Additional visits are covered at the convenience clinic co-pay level.

The inpatient hospital care co-pay for a Benefit Level One provider is \$125 per admit; for a Benefit Level Two provider, the co-pay is \$275 per admit. The Outpatient co-pay for a Benefit Level One provider is \$125 per year; for a Benefit Level Two provider, the co-pay is \$275 per year. There is an annual medical out-of-pocket maximum of \$1,200 per person/\$2,400 per family and a separate annual prescription drug out-of-pocket maximum of \$1,200 per person/\$2,400 per family. The co-pay for formulary prescriptions for a one month supply is \$12 for generic and \$35 for brand. The mail order pharmacy benefit is available to obtain a three month supply of prescription drugs for two co-pays.

Out-of-network benefits: For Emergency Room, Urgent Care and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, inpatient and outpatient care are generally covered at 65% (of the usual and customary charges recognized by HealthPartners) after you have met your deductible of \$750 per person or \$2,100 per family. Costs incurred in excess of the usual and customary level are the responsibility of the member (balance billing) and do not count toward the out-of-pocket maximum. The out-of-pocket maximum for eligible out-of-network medical expenses is \$3,500 per person/\$8,500 per family.

**HealthPartners
DistinctionsSM II**

Ramsey County 2017

The following is an overview prepared by Ramsey County. For exact coverage terms, and conditions, consult your plan materials available through HealthPartners Member Services at (952) 883-5000 or 1-800-883-2177.

Plan highlights	In-network	Out-of-network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
Deductible and Out-of-Pocket		
Lifetime maximum	Unlimited	\$1,000,000
Calendar year deductible	\$25 per person; \$75 per family	\$750 per person; \$2,100 per family
Calendar year medical out-of-pocket maximum	\$1,200 per person; \$2,400 per family	\$3,500 per person; \$8,500 per family
Calendar year prescription out-of-pocket maximum	\$1,200 per person; \$2,400 per family, combined for in-network and out-of-network	
Preventive Health Care		
Routine physical & basic eye examinations, well-child care	100% coverage	No Coverage
Prenatal and postnatal care	100% coverage	You pay 35% after deductible
Immunizations	100% coverage	No Coverage
Office Visits		
Illness or injury	<u>Healthy Benefits:</u> - \$25 Benefit Level 1 after deductible - \$40 Benefit Level 2 after deductible <u>No Healthy Benefits:</u> - \$45 Benefit Level 1 after deductible - \$60 Benefit Level 2 after deductible	You pay 35% after deductible
Allergy Injections	100% coverage	You pay 35% after deductible
Physical, occupational and speech therapy	<u>Healthy Benefits:</u> - \$25 Benefit Level 1 after deductible - \$40 Benefit Level 2 after deductible <u>No Healthy Benefits:</u> - \$45 Benefit Level 1 after deductible - \$60 Benefit Level 2 after deductible	You pay 35% after deductible
Chiropractic care (neuromusculo-skeletal conditions only)	Healthy Benefits: \$40 after deductible No Healthy Benefits: \$60 after deductible	You pay 35% after deductible 20 visits per calendar year
Mental health care	Healthy Benefits: \$25 after deductible No Healthy Benefits: \$45 after deductible	You pay 35% after deductible
Chemical health care	Healthy Benefits: \$25 after deductible No Healthy Benefits: \$45 after deductible	You pay 35% after deductible
Convenience Care		
Convenience clinics (retail clinics), eVisits; if using Virtuwel the first three visits free	Healthy Benefits: \$10 after deductible No Healthy Benefits: \$20 after deductible	You pay 35% after deductible
Outpatient Care		
Scheduled outpatient procedure	Benefit Level 1 - \$125 per year after deductible Benefit Level 2 - \$275 per year after deductible	You pay 35% after deductible
Outpatient MRI and CT Scan	You pay 20% after deductible	You pay 35% after deductible
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	Healthy Benefits: \$40 after deductible No Healthy Benefits: \$60 after deductible	HealthPartners in-network benefit
Emergency care at a hospital ER	\$100 co-payment per visit after deductible	HealthPartners in-network benefit
Ambulance	You pay 20% after deductible	HealthPartners in-network benefit

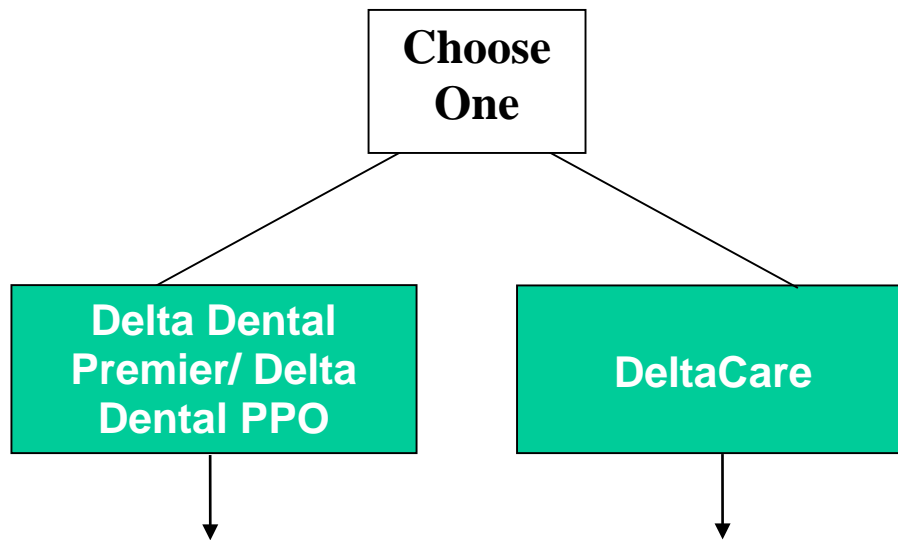
Plan highlights	In-network	Out-of-network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
Inpatient Hospital Care		
Illness or injury, mental and chemical health care	\$125 for Benefit Level 1 per admit after deductible \$275 for Benefit Level 2 per admit after deductible	You pay 35% after deductible
Durable Medical Equipment		
Durable medical equipment and prosthetic devices	You pay 20% after deductible	You pay 35% after deductible
Home Health Care		
Physical, speech, occupational and respiratory therapy and home health aides	Healthy Benefits: \$40 after deductible No Healthy Benefits: \$60 after deductible 120 visits per calendar year after deductible	You pay 35% after deductible 60 visits per calendar year
Prescription Drugs (30-day supply; 1 cycle of oral contraceptives; 90-day supply for mail order)	HealthPartners Participating Pharmacy Benefit	Non Participating Pharmacy Benefit
Retail Pharmacy Co-payment for one-month supply		
- Generic Preferred	\$12 co-payment	You pay 35% after deductible
- Brand Preferred	\$35 co-payment	You pay 35% after deductible
HealthPartners Mail Order Pharmacy Co-payment for three-month supply		
- Generic Preferred	\$24 co-payment	N/A
- Brand Preferred	\$70 co-payment	N/A
Specialty Drugs	You pay 20% up to \$200 maximum per prescription per month	You pay 35% after deductible
Note: There is a \$5,000 annual maximum for Infertility Drugs (Plan covers up to \$5,000 worth of charges)		
Benefit Level Coinsurance		
Coinsurance means you pay a portion of the bill for services. The facility you use will decide the format of your bill. Some facilities bill for ALL services provided during your visit (or hospital stay). When you receive one total bill, you will be charged at the facility Benefit Level. For facilities that do not bill for all services in one total bill, you will receive separate bills from each professional who provided services. The individual provider Benefit Level determines the amount you pay.		
2017 Benefits Summary		

**THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES.
READ YOUR GROUP MEMBERSHIP CONTRACT OR SUMMARY PLAN DESCRIPTION
CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.
For details about benefits and services, call Member Services at (952) 883-5000 or (800) 883-2177.**

Dental Coverage

Choices for Employee and Family

- The employee must be enrolled in dental in order to cover dependents.
- Dental insurance is provided by Delta Dental Plan of Minnesota.
- Choose between Delta Dental Premier/Delta Dental PPO or DeltaCare. Each family member must participate in the same plan as the employee. After you make your selection at open enrollment, you may not switch to the other plan until the next open enrollment.



Go to the *dentist of your choice* when you need dental work. Level of coverage will depend on whether the dentist is in the PPO (formerly Preferred) Network, Premier Network, or is a non-participating provider. If you need to see a specialist, you will receive the Delta PPO level of benefits as long as the specialist is listed as a Delta Dental participating provider.

Primary care dentist makes referral within DeltaCare Network for Orthodontist or within Delta Dental participating provider network for specialists.

Dental Insurance Rates

Rates are the same for Delta Premier/PPO or DeltaCare. 2017 rates are listed in Appendix B.

Enrollment Restrictions

Once you have enrolled in either Delta Dental plan, you must remain in Delta for 12 months. If coverage is terminated, there is a three year waiting period before an employee can re-enroll. Employees may re-enroll for coverage during the next open enrollment period following the three year waiting period. If you have a qualifying change in status, these restrictions may be waived. These restrictions apply to both single and family coverage.

Retiree Dental

Employees who retire are only permitted to continue the same level of dental coverage they are carrying as an employee: single or family. There is no County contribution toward retiree dental coverage.

Delta Dental Plan and Provider Information

Delta Premier/Delta PPO
Customer Service:
(651) 406-5916

DeltaCare Information:
Customer Service:
(651) 406-5903

www.deltadentalmn.org

Delta Premier/Delta PPO

If you choose this option, you can see any dentist throughout the plan year. However, in order to verify that the dentist you select is currently a Delta PPO or Delta Premier provider, ask the dentist's office at the time you schedule an appointment, or call Delta Dental Customer Service.

DeltaCare

For dental emergencies when traveling out of area, DeltaCare will pay \$50 per occurrence for emergency treatment for relief of pain from a non-DeltaCare provider.

Delta Dental Premier/Delta Dental PPO (Group #138)

By choosing this plan, you get access to two networks of dentists, which include over 87% of dentists in Minnesota – Delta Dental Premier and Delta Dental PPO. During open enrollment, you do not need to make a selection between Delta Dental Premier and Delta Dental PPO dentists. Each time you make an appointment, you or your family member select either a **Delta Dental Premier** or **Delta Dental PPO** dentist. If you go to a specialist who is a Delta Dental participating dentist, you will receive the PPO level of benefits.

- **Delta Dental Premier** network includes 3,170 dentists in 5,324 separate locations throughout the state.
- **Delta Dental PPO** network offers a greater level of benefits for some services, but services must be provided by dentists in the **PPO** network. Delta Dental PPO has a network of 1,903 participating dentists in 3,635 separate locations throughout the state.
- **Non-participating dentist** –You can also choose to receive services from a dentist who does not participate in Delta Dental. However, you pay your coinsurance as well as the difference between what the dentist charges and Delta Dental's allowable fee, which may result in significant out-of-pocket expenses. It is advisable to submit a pre-estimate from your dentist to Delta Dental in order to identify costs prior to receiving service.

DeltaCare (Group #84053)

DeltaCare has a limited network that includes 385 participating dentists and 468 separate locations throughout the state.

DeltaCare has no annual maximum benefit, no deductible and 50% orthodontic coverage for children up to age 19, up to a \$1,000 lifetime maximum per child.

If you elect DeltaCare, you may visit any participating DeltaCare provider. If you receive treatment from a non-DeltaCare dentist, services will not be covered.

Your DeltaCare clinic will coordinate all your dental needs. When necessary, you may be referred to a specialist. To receive coverage, services must be provided by a Delta Dental participating specialist.

Orthodontic care must be provided by an OrthoCare Orthodontist. You may call Delta Dental customer service for more information.

Delta Dental Plan of Minnesota Benefits *

<u>Dental Service</u>	<u>Delta PPO</u>	<u>Delta Premier</u>	<u>DeltaCare</u>
Diagnostic & Preventive Care	100% coverage <ul style="list-style-type: none"> - Dental Prophylaxis (cleaning of teeth) twice per calendar year. - Two oral exams of any type (including emergency exams and specialist exams) per calendar year. - Fluoride applications once per calendar year - Bitewing x-rays once per calendar year - Full mouth x-rays every three (3) years 	100% coverage	100% coverage As prescribed by the dentist As prescribed by the dentist For under age 19 only. Bitewing x-rays every 24 months (18 & over); every 12 months (under 18) Full mouth x-rays every five (5) years
Basic & Restorative Services	100% coverage <ul style="list-style-type: none"> - Fillings (may vary for amalgam & white resin) - Emergency treatment for relief of pain (minor procedures) - Oral surgery - Root canals - Periodontal/gum disease treatment 	80% coverage	100% coverage Same
Major Restorative Services	80% coverage <ul style="list-style-type: none"> - Crowns, Inlays and Onlays 	60% coverage	60% coverage Same
Prosthetics	50% coverage <ul style="list-style-type: none"> - Bridges, full & partial dentures - Repair and adjustment - Dental implants 	50% coverage	60% coverage Same Same No coverage
Orthodontics	0% coverage	0% coverage	50% coverage up to \$1,000 lifetime maximum per child
Annual Deductible	\$25 individual/\$75 maximum per family		No deductible
Annual Maximum Benefit	\$1200 per person		No maximum

*** This is a summary of benefits only. Please refer to your Dental Benefit Plan Summary Booklet for a complete list of covered services and limitations/exclusions.**

Life Insurance Information:

Ochs, Inc.
651-665-3789

Eligibility:

Current employees becoming eligible for insurance due to an increase in hours will be immediately eligible for a County contribution for Basic Life provided they have worked for the County as a permanent, provisional, probationary or intermittent employee for the length of the waiting period for new employees.

Disability Provision:

If, prior to age 60, you become totally disabled for at least 9 months while insured under Ramsey County's Group Life Insurance Policy with Minnesota Life, you may be eligible to continue your coverage until age 65 if you continue to pay the premium during the nine month waiting period. Please call Dena Kujawa at 266-2733 if you become disabled and think you may be eligible.

Life Insurance (Minnesota Life)

Basic Employee Life Insurance

Basic Life coverage provides life insurance in an amount equal to your annual salary. Your salary is rounded up to the next \$1,000 (e.g., if your salary is \$28,452, you would get \$29,000 Basic Life Insurance). Basic Life has a minimum of \$10,000 and a maximum of \$50,000 coverage. Basic Life includes Accidental Death and Dismemberment (AD&D).

- Employees are provided with County paid Basic Employee Life insurance when eligible for the County contribution.
- Eligible new employees may enroll in Basic Employee Life coverage during their first 31 days of employment, at their own expense until the effective date of the County contribution. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment.
- Basic Life Insurance is adjusted annually - based on salary - at the beginning of the calendar year.

If you are enrolled in Basic Life, you may also apply for the Optional Life coverages listed below at any time during the year.

Optional Employee Life Insurance

- Coverage is available in increments of \$1,000.
- The amount cannot exceed **5** times your salary or \$300,000, **whichever is greater**. In no case may an employee's life coverage (Basic + Optional) exceed \$500,000.
- New employees, or employees eligible for insurance for the first time, are offered a one-time opportunity to purchase up to \$50,000 in optional life coverage without evidence of insurability (Guarantee Issue) provided they do so within 31 days of eligibility. Amounts above \$50,000 will require evidence of insurability.
- Except during Guarantee Issue periods, employees who choose to add optional coverage must provide *evidence of insurability*. For new hires or newly eligible employees, evidence of insurability forms will be sent to you by Human Resources after you submit the insurance enrollment application form. Coverage will be effective on the date it is approved by Minnesota Life.

Optional Spouse Life Insurance

- Coverage is available in increments of \$1,000.
- The amount cannot exceed **four** times your salary or \$250,000, whichever is greater, but can never exceed \$500,000.
- Optional Spouse Life is available to qualified domestic partners. Contact your Department Benefits Representative for further information.
- Optional Spouse Life cannot be purchased if your spouse or domestic partner is a Ramsey County employee eligible for benefits.
- Evidence of insurability is always required. Coverage will be effective on the date it is approved by Minnesota Life.

Optional Accidental Death & Dismemberment Insurance

- Provides an additional death benefit to the beneficiary in the amount of the life insurance if the death is a result of an accident, and provides coverage for specific types of injuries up to the value of the life insurance. AD&D is not available as a standalone coverage.
- If you elect AD&D coverage, it must be included with both your Optional Spouse Life coverage and Optional Employee Life coverage.
- Evidence of insurability is not required for AD&D. You may apply for coverage at any time during the year
- If you already have Optional Life, AD&D coverage will be effective the first of the month following the date of application. If you are adding AD&D at the same time as Optional Life, coverage will be effective on the date the Optional Life is approved by Minnesota Life.

Optional Dependent Life Insurance

- Optional Dependent Life Insurance provides \$15,000 of coverage for each of your dependents (including your spouse or domestic partner) no matter how many dependents you have.
- Optional Dependent Life does not cover your spouse or domestic partner if he/she is also a Ramsey County employee eligible for benefits, and you may not double-cover the same children.
- Children from 14 days up to age 19 (up to age 25 if full time students) are eligible for coverage.
- Evidence of insurability is not required during open enrollment or if enrolling as a new employee. At all other times, evidence of insurability is required. If evidence of insurability is required, coverage will be effective on the date it is approved by Minnesota Life.
- Dependents do not need to be identified. Dependents are automatically covered if they meet the eligibility requirements.

Rates for Optional Life Insurances:

Employee and Spouse Optional rates are based on age. See Appendix B for all 2017 rates.

Optional Accidental Death and Dismemberment (AD&D) Insurance:

You must have Optional Employee Life or Spouse Life in order to purchase Optional AD&D. See Appendix B for 2017 rates.

Employees should review their need for Dependent Life coverage each year to insure they still have eligible dependents under the plan.

Beneficiary Designation:

You may designate a beneficiary or beneficiaries for Basic Life and/or Optional Employee Life Insurance.

Minnesota Life is responsible for life insurance beneficiary management services. When first enrolled in Basic and/or Optional Employee Life insurance, employees will receive a letter from Minnesota Life that provides them with instructions on how to designate beneficiaries.

Employees may add or change beneficiary information by going to: <https://web1.lifebenefits.com/sites/lbwem/ramseycounty>

Paper forms are available as an option.

For assistance, contact Minnesota Life at 1-866-293-6047.

In the absence of a beneficiary designation, payment of benefits will be made in the following order of priority: 1) your surviving spouse; 2) your surviving children in equal shares; 3) your surviving parents in equal shares; 4) the duly appointed legal representative of your estate. The employee is the beneficiary for Optional Spouse Life and Dependent Life Insurance.

Life Benefits Extra

Beneficiary Financial Counseling

Beneficiaries who receive at least \$25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC), one of the world's leading professional services firms. The counseling services are designed to help families make sound financial decisions at a difficult time. PwC advisors do not sell insurance or investment products, and no information will be given to PwC without your beneficiary's written consent. There is no additional cost for this service.

Legacy Planning Resources

Active and retired employees covered under Minnesota Life's group life insurance policies, and their families, can access resources to help them deal with the loss of a loved one or to plan for their own passing. These resources are available at LegacyPlanningResources.com.

Legal, Financial, and Grief Resources

Ceridian provides active employees covered under Minnesota Life's group life insurance policies, and their spouses and dependents, access to counseling professionals and related resources and referrals in each of the three areas.

Contact Ceridian at 1-877-849-6034 or visit LifeWorks.com.

Username: lfg
Password: resources

Travel Assistance

RedpointWTP LLC provides travel assistance services to all active U.S. employees covered under our group life insurance policies, and their spouses and dependents. The services are available 24/7/365 for emergency assistance and transport when traveling 100 or more miles away from home. For service terms and conditions, and pre-trip information visit LifeBenefits.com/travel or call 1-855-516-5433 in the U.S. and Canada. From other locations, you can call collect to +1-415-484-4677.

Disability Insurance (Madison National Life)

The County offers employees both long-term and short-term disability insurance. Disability insurance is designed to protect your income in the event you are unable to work due to a disability. The disability benefit as well as the disability premium is based on the employee's assigned Standard Hours in Summit.

Types of Disability Insurance

Basic Long-Term Disability Insurance

Basic Long-Term Disability (LTD) insurance provides a benefit of 40% of your gross pre-disability income, subject to a maximum benefit of \$5000 per month, if you become disabled for more than six months. This is a taxable benefit.

- Insurance-eligible employees are provided with Basic LTD coverage which is fully paid by the County and is effective the first of the month following 30 days of employment.
- The amount of coverage is updated monthly, based on your salary.
- Current employees becoming eligible for insurance due to an increase in work hours will be immediately eligible for Basic Long-Term Disability insurance, provided they have worked for the County as a permanent, provisional, probationary or intermittent employee for the length of the waiting period for new employees.
- Eligible new employees may enroll in Basic Long-Term Disability during their first 31 days of employment, at their own expense until the effective date of the County contribution. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment.

Optional Long-Term Disability Insurance

If you are enrolled in Basic Long-Term Disability, you may choose to add an additional 20% income replacement at your own cost for a total of 60% of your gross pre-disability income, subject to a maximum benefit of \$7,500 per month. Because the premium you pay is taxed, the additional 20% above the basic coverage is not taxed at the time you receive the benefit.

As a new employee or during open enrollment, you may add the 20% optional coverage without providing evidence of insurability. Evidence of insurability is required at all other times. If evidence of insurability is required, coverage will be effective on the date it is approved by the carrier.

What is a Disability?

You are defined as disabled if you are unable to engage in the "material and substantial" duties of *your* occupation during the first two years that benefits are payable. Thereafter, disability means your inability to perform *any* occupation for which you are qualified by education, training or experience. The short and long-term disability plans also include partial disability provisions.

Disability includes: pregnancy, childbirth and related medical conditions. It also includes mental or emotional illness and alcohol and drug-related disorders*. However, all disabilities must be under the regular care of a physician.

* For mental or emotional disorders or substance abuse, benefit payments for long-term disability will be limited to a 2-year period unless claimant is hospital-confined at the end of that period for the same condition.

To Submit a Claim:

To obtain a short-term or long-term disability insurance claim form, or if you have questions about how to submit a claim, contact Dena Kujawa at 266-2733.

Information Contacts for Short and Long-Term

Disability Benefits:

For more information about the long-term or short-term disability policies, call our plan administrator, National Insurance Services at 952-941-7372.

If you have questions about the status of a claim or the payment of benefits, call Madison National Life at 1-800-356-9601.

Pre-Existing Condition Limitation for Short and Long-Term Disability

Insurance:

You will not be covered for any disability which begins in the first 12 months after your effective date if it is caused by, contributed to, or resulting from a pre-existing condition. A pre-existing condition is defined as a sickness or injury for which you received medical treatment, consultation, care or services, including diagnostic measures in the three months prior to your effective date.

Rates for Long-Term and Short-Term Disability

Insurance:

2017 rates are listed in Appendix B.

Long-Term Disability Coverage Information

If you become disabled, you are eligible for this monthly benefit following the completion of a six month elimination period. Benefits will continue while you remain disabled according to the following table:

Maximum Benefit Duration* For A Period Of Your Disability

Your Age on
Date Disability
Begins

Your Maximum Benefit Duration

Under Age 61	The greater of 60 months or your normal retirement age**
Age 61	The greater of 48 months or your normal retirement age**
Age 62	The greater of 42 months or your normal retirement age**
Age 63	The greater of 36 months or your normal retirement age**
Age 64	The greater of 30 months or your normal retirement age**
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

* For mental or emotional disorders or substance abuse, benefit duration will be limited to a 2-year period unless claimant is hospital-confined at the end of that period for the same condition.

** Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth, as follows:

<u>Year of Birth</u>	<u>Social Security Retirement Age</u>
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 - 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

Short-Term Disability Insurance

Short-Term Disability Insurance is designed to temporarily replace your income in the event you are unable to work due to a disability. The disability may be caused by injury or illness, and does not need to be work-related. If you are unable to work due to a disability, you are eligible to receive 60% of your gross pre-disability income, subject to a maximum monthly benefit of \$7500, after satisfying the elimination period (waiting period) you have selected. Benefits are not taxable and no other payroll deductions are taken from your check.

The short-term disability insurance benefit terminates 26 weeks from the date of the onset of your disability. If you are still unable to work due to the disability at that time, you may then be eligible to receive a long-term disability insurance benefit.

Eligible new employees may enroll in short-term disability insurance without evidence of insurability during their first 31 days of employment.

Employees may also enroll in short-term disability, or change to a shorter elimination period, without evidence of insurability during open enrollment. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment. Employees may change to a longer elimination period at any time.

Short-Term Disability Insurance Elimination Period

Employees must choose whether they want a 30, 60, or 90 day elimination period. Benefits are payable after you have satisfied the elimination period. The elimination period runs simultaneously with the use of your sick leave, so the size of your sick leave bank may help you determine the appropriate elimination period.

The elimination period is based on calendar days, not work days.

30 calendar days = approximately 21 work days or 168 hours.

60 calendar days = approximately 43 work days or 344 hours.

90 calendar days = approximately 65 work days or 520 hours.

Monthly Benefit Examples:

Monthly Salary = \$2,353 (\$28,236 annual/12) times .6 = \$1,411.80

Monthly Salary = \$3,467 (\$41,600 annual/12) times .6 = \$2,080.20

Monthly Premium Rate Example:

Multiply your Monthly Salary=\$2,353 (\$28,236 annual/12) by rate:

30 day-- .00459 = \$10.80 Monthly Premium

60 day-- .00352 = \$8.28 Monthly Premium

90 day-- .00214 = \$5.04 Monthly Premium

Identity Theft Assistance - Employees covered under our Madison National Life Disability Insurance policy are eligible for Identity Theft Assistance. You and your family members are covered - there's no cost and no need to sign up.

If you find yourself an Identity Theft victim call 1-855-860-3727 toll free 24/7 for assistance.

Offsets to Disability Insurance Payments for Short-Term and Long-Term Disability Insurance:

Your monthly benefit will be determined by deducting other income from your monthly disability benefit amount. Examples include:

- Disability retirement
 - Worker's Compensation
 - No-fault automobile policy
 - Sick leave
 - Vacation leave
 - Social Security
- (The minimum monthly benefit is \$50. However, this amount shall be reduced if the payable benefit is for less than a full month.)

Use of Sick Leave or Vacation Leave Prior to Unpaid Leave of Absence for Short-Term and Long-Term Disability Insurance:

The County requires that employees use all of their available sick leave prior to beginning an unpaid medical leave.

If the disability insurance elimination period has been satisfied, the employee must continue to use all available sick leave but may elect to retain up to 80 hours of their remaining sick leave for use upon return to work. However, if the employee does not return to work, this sick leave bank will be forfeited.

You are not required to use paid vacation either before or after satisfying the elimination period.

Appendix A – Department Benefits Representatives

DEPARTMENT NAME	ADDRESS	BENEFIT REP.	PHONE #	FAX #
Attorney	345 Wabasha St N, Ste 120	Stephanie Plote Yvonne Schneider	266-3145 266-3025	266-3010
Board of Commissioners	270 Courthouse	Linda Danielson	266-2923	266-2934
Community Corrections	1210 Metro Square Bldg.	Aubrey Keefe Angel Lang (back-up)	266-2392 266-2580	266-2293
Community Human Services	9800 RCGC-East	Melissa Briese Lori Dukat Adie Lee	266-4065 266-4010 266-4064	266-4439
County Manager	250 Courthouse	Linda Danielson	266-2923	266-2934
Courts	1700 Courthouse	Jenine DeGraw Jennifer Johnson	266-9266 266-8267	266-8278
Emergency Communications	388 13th Street, St. Paul	Tania Mulvaney	266-7714	266-7711
Finance	Central Payroll Unit 2100 Metro Square Bldg.	Ryan Engel	266-1054	266-1078
Human Resources	2100 Metro Square Bldg.	Diane Leyde	266-2734	266-2934
Information Services	2300 Metro Square Bldg.	Brenda Dusterhoft Peggy Cregan (back-up)	266-3433 266-3425	266-3442
Lake Owasso Residence	210 N. Owasso Blvd.	Amber Soler	765-7708	765-7722
Law Library	1815 Courthouse	Sara Galligan Diane Leyde	266-8391 266-2734	266-8399 266-2934
Library	4570 N. Victoria St.	Lee Ann Lause	486-2205	486-2220
Medical Examiner	300 University Ave. E.	Sue Swanson	266-1701	266-1720
Parks & Rec.	2015 N. Van Dyke St. Maplewood	Shar Whebbe	748-2500 ext. 307	748-2505
Property Management	2220 Metro Square Bldg.	Red Garfield	266-2248	266-2264
Property Records & Revenue	90 W Plato Blvd, Suite 110	Chris Kuefler Katie Haselman	266-2195 266-2194	266-2199
Public Defender	101 E. 5th St, Suite 1808	Annette Lofgren	757-1622	215-0673
Public Health	90 W Plato Blvd, Suite 200	Maureen Bibro	266-2451	266-2593
Public Works	1425 Paul Kirkwold Drive Arden Hills, MN 55112	Pam Thompson	266-7101	266-7110
Ramsey Care Center	2000 White Bear Ave.	Barb Ruza Gina Kalis	251-2407 251-2408	777-1426
Regional Rail	Union Depot Suite 200 214 4th St. E.	Linda Danielson	266-2923	266-2934
Sheriff	425 Grove St.	Deb Boldt Joni Xiong	266-9370 266-9374	266-9390
Soil & Water Conservation District	1425 Paul Kirkwold Drive Arden Hills, MN 55112	Ann White Eagle	266-7271	266-7276
Veteran's Service	90 W Plato Blvd, Suite 210	Maureen Bibro Public Health, Suite 200	266-2451	266-2593
Workforce Solutions	4000 Metro Square Bldg.	Linda Baker	266-6012	266-6050

**Appendix B
2017 Monthly Insurance Premiums and Contributions**

**MEDICAL INSURANCE
HealthPartners**

	Full-Time Employees			Part Time 2/3 contribution	
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>County Cost</u>	<u>Employee Cost</u>	<u>County Cost</u>
Single	\$ 822.90	\$ 60.00	\$ 762.90	Single	\$ 311.76 \$ 511.14
Family	\$ 1,961.16	\$ 497.80	\$ 1,463.36	Family	\$ 980.70 \$ 980.46
Family Bi-weekly deduction:		\$ 248.90	\$ 731.68	Bi-weekly:	\$ 490.35 \$ 490.23

DENTAL INSURANCE – Delta Dental

Delta Dental	Full-Time			Part-Time 2/3	
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>County Cost</u>	<u>Employee Cost</u>	<u>County Cost</u>
Single	\$ 43.92	\$ 15.91	\$ 28.01	Single	\$ 25.15 \$ 18.77
Family	\$ 97.90	\$ 42.87	\$ 55.03	Family	\$ 61.03 \$ 36.87

LIFE INSURANCE - Minnesota Life

Basic Life/AD&D (County paid)		<u>Monthly Premium</u> \$.155/\$1000 annual salary	
Optional Life (Employee paid)	Age		per \$1,000
	29 or less	\$ 0.04	
	30-34	\$ 0.05	
	35-39	\$ 0.06	
	40-44	\$ 0.10	
	45-49	\$ 0.14	
	50-54	\$ 0.22	
	55-59	\$ 0.38	
	60-64	\$ 0.52	
	65-69	\$ 0.81	
	70+	\$ 0.90	
Accidental Death and Dismemberment (Employee paid)		\$ 0.025	per \$1,000
Dependent Life (Employee paid)	Coverage \$ 15,000	\$ 2.70	per month

LONG-TERM DISABILITY - N.I.S.

40% Income replacement (County paid)	<u>Monthly Premium</u>
All ages	\$ 0.112 /\$100 monthly salary
Optional 20% Buy up (Employee paid)	
<u>Age</u>	
39 or less	\$ 0.090 /\$100 monthly salary
40-49	\$ 0.235 /\$100 monthly salary
50 or over	\$ 0.281 /\$100 monthly salary

SHORT-TERM DISABILITY - N.I.S.

(All premiums employee paid)	
Option 1 - 30 day elimination period	<u>Monthly Premium</u> .459% of monthly salary
Option 2 - 60 day elimination period	.352% of monthly salary
Option 3 - 90 day elimination period	.214% of monthly salary