

# Ramsey County

## Cafeteria Plan Reference Guide

*Health Care Reimbursement Program  
Dependent Care Reimbursement Program  
Pre-Tax Premium Program*

# 2020

Please keep this Guide for future reference.  
October 2019

# **RAMSEY COUNTY CAFETERIA PLAN**

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**Ramsey County employees also have the option to participate in the Transportation Expense Account Plan (TERP). This plan provides employees with the opportunity to pay for qualified transportation expenses with money that is sheltered from taxes. The TEA is not part of the Cafeteria Plan and different IRS rules apply. For more information on your pre-tax transportation options, contact your Department Benefits Representative, or you may obtain a copy of the TERP Summary Plan Description and enrollment forms on RamseyNet.**

Prepared by Human Resources Department  
Revised October 2019

**This document describes the Plan in an easy-to-read manner. Although it is our intent to have this document accurately reflect the legal documents which constitute the Plan, if there is any conflict or inconsistency between the Cafeteria Plan Reference guide and the plan documents, the plan documents will govern.**

## **CAFETERIA PLAN DESCRIPTIONS**

The Ramsey County Cafeteria Plan offers three programs that allow you to pay for medical and/or dental premiums, eligible health expenses and dependent care expenses with dollars deducted from your salary before taxes are taken out (pre-tax dollars). These are:

### **1. Pre-Tax Premium Program (PTPP)**

The Pre-Tax Premium Program allows you to use pre-tax dollars to pay your portion of your medical and/or dental insurance premiums for the County-sponsored insurance programs. When you enroll in the County-sponsored employee medical or dental plans, you elect if you wish to have the premiums deducted from your pay on a pre-tax basis. If you elect the pre-tax option, you are participating in the PTPP. Under this plan, the premium is taken out of your paycheck on a pre-tax basis.

**If you are participating in the PTPP program, you cannot make a change in your medical and/or dental insurance coverage during a plan year unless the change is on account of and consistent with a qualifying change in status. To be eligible to make a change, you must notify your Department Benefit Representative within 31 days of the qualifying change in status event. (See page 9.)**

### **2. Health Care Reimbursement Program (HCRP)**

HCRP allows you to use pre-tax dollars to pay eligible health expenses (for medical, dental, vision, etc.) which are not covered by insurance. Permanent, provisional, probationary or unclassified employees eligible for a County contribution towards their medical and dental plans **and who have worked for the County for at least six months** are eligible to participate. Intermittent, temporary, or contract workers are not eligible to participate.

You elect the total amount you would like to have deducted from your paycheck during the year. The money is deducted from your pay on a pre-tax basis. When you have incurred eligible expenses, you may submit a claim to TASC, Ramsey County's claims administrator, for reimbursement. You can be reimbursed for eligible expenses through direct deposit, a paper check mailed to your home address, or by MyCash, a stored value option offered on the TASC debit card.

MyCash is a way to receive your expense reimbursement if you are enrolled in the HCRP. Reimbursement is placed back on to your TASC card as cash that can be used at any merchant that accepts MasterCard. New enrollees will have MyCash as their default reimbursement method. You can change your method of reimbursement by logging in to [uba.tasconline.com](http://uba.tasconline.com) or by calling TASC customer service at 800-422-4661. The preferred browser for the TASC website is Google Chrome.

Everyone who newly enrolls in the Health Care Reimbursement Program in 2020 will be issued a TASC debit card to pay for eligible health care expenses at participating providers such as doctors, dentists, pharmacies, and vision care facilities. If you were previously issued a TASC card you will use the same card in 2020.

## **CAFETERIA PLAN DESCRIPTIONS (Continued)**

When you use the card to pay for eligible expenses the items are verified at the point of sale and you would not have to submit a claim for reimbursement – the expense would be automatically paid and then deducted from your annual election. If you pay for eligible expenses at a provider that does not accept the TASC card, or if you choose not to use your TASC card, you may submit your claim for reimbursement online, by fax, or by mail.

Claims submitted for eligible expenses will be paid if the total amount you claim does not exceed the total annual deposit amount you designated, even if the amount has not yet been credited to your account. Expenses must have been incurred during the plan year while you are an eligible participant. Claims for expenses incurred during the plan year must be submitted no later than March 31<sup>st</sup> of the following year. This period of time is known as the runout period.

Ramsey County has amended its Cafeteria Plan document to allow for the carryover of a limited amount of unused funds from one plan year to the next. The carryover will be the unused benefit balance at the end of the runout period up to a maximum of \$300. This will allow 2019 funds to carry over into 2020, subject to the \$300 carryover limit.

The amount carried over has no effect on the ability to elect the maximum salary reduction allowed under the plan for the subsequent plan year. If a participant elects the maximum salary reduction allowed under the Plan for the next plan year then the amount carried over will be in addition to that election.

Participants forfeit any unused amount in excess of the allowed carryover maximum that remains unused at the end of the plan year's runout period.

Participants who terminate employment during the plan year are not eligible to carry over money into the following year.

### **3. Dependent Care Reimbursement Program (DCRP)**

DCRP allows you to use pre-tax dollars to pay for the dependent care expenses that you incur to allow you to work.

Permanent, provisional, probationary or unclassified employees whose position's assigned Standard Hours are 20 hours per week (40 hours per pay period) or greater are eligible to participate in DCRP. Intermittent, temporary, or contract workers are not eligible to participate. If you are married, your spouse must be employed, be a full-time student, or be incapacitated to be eligible for the DCRP.

You elect the total amount you would like to have deducted from your paycheck during the year. The money is deducted from your pay on a pre-tax basis. When you have incurred eligible expenses, you may submit a claim to TASC, Ramsey County's claims administrator, for reimbursement. Fill out a claim form, attach the required documentation for the expenses, and send it to the claims administrator. You can be reimbursed for eligible expenses through direct deposit, a paper check mailed to your home address, or MyCash, a stored value option offered on the TASC debit card.

MyCash is a way to receive your expense reimbursement if you are enrolled in the DCRP. Reimbursement is placed back on to your TASC card as cash that can be used at any merchant that accepts MasterCard. New enrollees will have MyCash as their default reimbursement method. You can change your method of reimbursement by logging in to [uba.tasconline.com](http://uba.tasconline.com) or by calling TASC customer service at 800-422-4661. The preferred browser for the TASC website is Google Chrome.

Everyone who newly enrolls in the Dependent Care Reimbursement Program in 2020 will be issued a TASC Card. If you were previously issued a TASC card you will use the same card in 2020. A TASC card is a debit card that can be used to pay for eligible dependent care expenses at participating providers. When you use the card to pay for eligible expenses, the items are verified at the point of sale and you would not have to submit a claim for reimbursement – the expense would be automatically paid and then deducted from your annual election. If you pay for eligible expenses at a provider that does not accept the TASC card, or if you choose not to use your TASC card, you may submit your claim for reimbursement online, by fax, or by mail.

If you are submitting a claim for reimbursement and the funds available in your DCRP account are insufficient to cover your submitted claim, the claim will be placed in a pending file and reprocessed when sufficient funds are available. You will not need to resubmit the claim. Claims for reimbursement must be submitted no later than March 31<sup>st</sup> of the following year. Expenses must have been incurred during the plan year while you are an eligible participant (there is an exception to this rule if you terminate employment – see page 8). If you are using the TASC card to pay for eligible expenses, and your account is insufficient to cover the expense, your card would be declined and you would need to submit a claim form for reimbursement.

After your final reimbursement, any amounts remaining in the account will be forfeited due to the IRS "Use It or Lose It" provision.

The Cafeteria Plan is administered pursuant to the provisions of Title 26, Section 125 of the Internal Revenue Code and associated federal regulations. Amounts you designate as salary reductions under all three programs reduce your taxable salary. Your federal, state and Social Security taxes will decrease when you use pre-tax dollars to pay for these expenses. As a result, you may experience a slight reduction in the Social Security benefits you receive when you are eligible to receive them.

# **ENROLLMENT**

## **1. Annual Open Enrollment**

Enrollment in all three programs must be completed prior to the year in which you participate.

### **PTPP**

If you elect to use the annual Open Enrollment period to begin participating in the PTPP for the first time, select the “before tax” option when you enroll in medical and/or dental coverage.

If you are already participating in the PTPP, your participation will automatically renew at Open Enrollment unless you submit your enrollment elections indicating that you are changing to the “after-tax” option or are waiving coverage.

### **HCRP & DCRP**

**You must enroll in HCRP and DCRP each year in which you wish to participate in the plan.** Your participation does not automatically renew at Open Enrollment.

## **2. Enrollment as a New Employee (or current employee upon becoming eligible for County insurance)**

### **PTPP**

You must complete your insurance enrollment within the first 31 days of employment (or within the first 31 days of becoming eligible for insurance), designating whether you choose to participate or not participate in the PTPP by choosing before tax or after tax for medical or dental.

### **DCRP**

Enrollment in the DCRP must be completed within the first 31 days of employment or eligibility to participate in the plan. Deductions will begin with your next paycheck. Your effective date of coverage will be your date of enrollment.

### **HCRP**

Enrollment in the HCRP must be completed **prior to completion of your sixth month of employment** and deductions will begin your first paycheck following the end of your sixth month of employment, or the first pay period following receipt of the enrollment form, whichever is later. Your effective date for incurring expenses will be your 6-month anniversary. Current employees becoming eligible for County insurance must enroll within 31 days of becoming eligible.

## **2. Enrollment Following Qualifying Change in Status**

You may be able to enroll in the Cafeteria Plan during the Plan Year if you have a qualifying change in status that impacts eligibility for the program, and the enrollment is on account of and consistent with the change. Qualifying changes in status are listed on page 9. A request to enroll must be completed within 31 days of the qualifying change.

## SETTING YOUR DEPOSIT RATE

You must set your deposit rate for the Plan Year at the time you enroll for a program. Thereafter, you may neither change nor revoke this election unless you have a qualifying change in your status, as described on page 9. (Please check with your Department Benefit Representative to verify your eligibility to make a change.)

**Estimate HCRP and DCRP carefully! Money left in a DCRP account at the end of the Plan Year cannot be carried over or returned to you. It must be used, or it is forfeited according to IRS provisions. Up to \$300 in remaining HCRP funds can be carried over to the next plan year. The carryover allowed will be the unused benefit balance at the end of the runout period up to a maximum of \$300.**

	<u>HCRP</u>	<u>DCRP</u>
How Much Is Deposited In My Account?	Your bi-weekly deposit rate is your estimate of the eligible annual health care expenses you will incur during the Plan Year, divided by 26 pay checks (or less if enrolling mid-year). The worksheet on Page 13 will help you estimate your anticipated eligible health care expenses.	Your bi-weekly deposit rate is your estimate of your dependent care expenses for the upcoming Plan Year, divided by 26 pay checks (or less if enrolling mid-year). The amount you are able to exclude from your salary for tax purposes may be less than the maximum, depending on your income and circumstances.**
Annual Minimum	\$52.00	\$26.00
Annual Maximum	\$2,700 *	\$5,000 per household *

\* If you enroll during the Plan Year, you may set aside the annual maximum, which will be divided by the number of paydays remaining in the year.

\*\* The maximum reimbursement may not exceed the lesser of your earned income or your spouse's earned income. (Earned income means adjusted gross income. If your spouse does not have earned income but is either a full-time student or is not able to care for himself or herself, the spouse will be deemed to have earned income for each month he or she is a full-time student or incapacitated. The amount of deemed earned income is \$250 per month if there is one qualifying individual, or \$500 per month if there are two or more. See IRS Publication 503 for more detail.)

If you are using a combination of the Child Care Tax Credit and the DCRP, remember that the DCRP directly offsets amounts you may claim through the Child Care Tax Credits.

## **TERMINATION OR CHANGES**

If you enroll in the Cafeteria Plan, you may be eligible to change or terminate the agreement(s) during the Plan Year if you have a qualifying change in status and you make the change within 31 days of the change in status event as described on page 9. Generally, the change in status impacts eligibility for the program and the election change or termination must be on account of and consistent with the change in status. Please check with your Department Benefit Representative (listed on page 15) to verify your eligibility to make a change.

If you **terminate** from HCRP, you may only submit claims for expenses incurred **prior** to your termination date. This does not apply to DCRP (See next page.)

If you **change** the amount of your HCRP or DCRP annual election during the Plan Year because of a qualifying change in status, your claims will be processed based on the election in effect on the date the claim was incurred. For example, if you change your annual election from \$250 to \$900 on June 1st, claims for costs incurred prior to June 1st will only be honored up to \$250. Claims for costs incurred on or after June 1st will be honored up to \$900. Your total reimbursement for the year cannot exceed \$900. **The effective date for a change in annual election is the date you make the change (sign the form), not the date of the qualifying event.**

To terminate enrollment in the PTPP due to a qualifying event or at open enrollment, you must submit an insurance enrollment form indicating you are waiving coverage or switching to the “after-tax” option.

### **Leave of Absence**

#### **PTPP**

An employee who begins an unpaid leave of absence will have the salary reduction agreement automatically reduced to zero.

Upon return from an unpaid leave of absence, you will automatically be re-enrolled in PTPP.

Contact your Department Benefits Representative within 31 days of your return if you wish to terminate your participation in PTPP.

#### **HCRP**

When going on an unpaid leave your annual election will be reduced to the amount contributed year-to-date or to the amount already reimbursed, whichever one is greater. You may also elect to continue your participation on a post-tax basis.

To restart your deductions upon your return from leave, or to change your annual election amount, you must notify the Human Resources Department within 31 days of your return.

**You should contact Human Resources at 266-2734 to discuss your options both when going on and returning from an unpaid leave of absence.**

#### **DCRP**

Your participation in the Plan will stop when you go on an unpaid leave of absence.

You may change your annual election when returning from a leave of absence. To restart your deductions upon your return from leave, or change your annual election amount, you must notify the Human Resources Department at 266-2734 within 31 days of your return.

Child care expenses incurred while not gainfully employed are not eligible for reimbursement. However, if you are disabled, a full-time student, or on active military duty, you may continue to submit claims for expenses incurred.

## Termination of Employment

### PTPP

This option is only available to active employees and terminates at the end of the month your employment with Ramsey County ends.

### HCRP

If you terminate employment with Ramsey County, federal law (COBRA) permits you to continue your participation in HCRP for the remainder of the year on a post-tax basis. You may also choose to have the remainder of your annual election deducted from your last paycheck in order to receive the pre-tax benefit. Either of these options will permit you to incur eligible expenses and be reimbursed for the remainder of the Plan Year.

If you choose not to continue your participation, your contributions will stop with your last paycheck. **You may only submit claims for eligible expenses incurred prior to your termination date.**

If you are re-employed by Ramsey County within 30 days and in the same plan year, you will be required to resume participation in the plan and prior elections will be reinstated.

### DCRP

If you terminate employment with Ramsey County, you may not continue your participation in DCRP. However, dependent care expenses incurred while you and your spouse are working will continue to be reimbursed up to your account balance, for the remainder of the Plan Year.

**WARNING:** IRS regulations prohibit you from changing or terminating your Cafeteria Plan participation during the Plan Year unless you have a qualifying change in status as described on page 9. The change you make must be on account of and consistent with the change in status and it must be made within 31 days of the change in status event. Generally, the event must impact eligibility for the program. **This regulation applies to all three plans: PTPP, HCRP, and DCRP.**

**As this regulation applies to PTPP, this means that if you are participating in the PTPP, you cannot change your medical and/or dental insurance coverages during a plan year unless the change is on account of and consistent with a qualifying change in status.** In addition, you are required to make the change within 31 days of the change in status event as described on page 9.

Note that you must also be eligible to change your Medical and/or Dental insurance coverages pursuant to the policies, rules and regulations of Ramsey County and/or the insurance carriers. If you have questions or concerns, please contact your Department Benefit Representative (listed on page 15).

## QUALIFYING CHANGE IN STATUS REGULATIONS

The following events may justify a mid-year change in election provided the change is on account of and consistent with the event. Generally, the event must impact eligibility for the program.

Please contact your Department Benefit Representative (listed on page 15) to verify your eligibility to make a change. The change must be made within 31 days of the qualifying change in status event.

<p><b>HCRP, DCRP, PTPP</b></p> <ul style="list-style-type: none"> <li>• Marriage of employee</li> <li>• Birth/Adoption</li> <li>• Death of your spouse or dependent</li> <li>• Divorce of employee</li> <li>• Termination or commencement of spouse's employment</li> <li>• Change of your or your spouse's employment from full-time to part-time or part-time to full-time</li> <li>• You or your spouse going on an unpaid leave of absence</li> <li>• You or your spouse returning to work from an unpaid leave of absence</li> <li>• Significant change in your or your spouse's health coverage attributable to the spouse's employment.</li> <li>• Dependent no longer qualifying as a dependent due to age.</li> <li>• Court order requiring you to assume liability for medical and/or day care expenses of a dependent child.</li> </ul>	<p><b><i>Other changes in status <u>may</u> be considered as qualifying events depending on individual circumstances.</i></b></p> <p><i>Note: An unexpected change in medical expenses is <u>not</u> a qualifying change in status.</i></p> <p><b>The following events are considered qualifying changes for DCRP only:</b></p> <ul style="list-style-type: none"> <li>• Change in residence (employee, spouse or dependent)</li> <li>• Significant cost change in day care provider.</li> <li>• Significant change in your or your spouse's work schedule resulting in changed dependent care needs</li> </ul>
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## **ELIGIBLE EXPENSES**

### **DCRP - Work-related household and dependent care expenses, necessary for gainful employment.**

Two types of expenses qualify for reimbursement under the DCRP:

1. Expenses for direct care of a dependent, and
2. Expenses for incidental household services performed at least partially for the benefit of the dependent.

To be eligible, you must maintain a household, which means furnishing over half the cost of maintenance for a qualifying individual as defined by IRS regulations. A qualifying individual is a child who is under age 13 and for whom the employee can claim a dependency tax deduction, or a spouse or dependent that is incapable of self-care. To qualify, the individual must live in your home. Qualification status is prorated when a dependent is eligible for less than a full year.

The eligible expenses of the DCRP are identical to those used to figure the Child Care Tax Credit described in the Internal Revenue Code, Section 44A. The Child Care Tax Credit is discussed on Page 12.

Expenses must have been incurred in the Plan Year during the time within the year that your DCRP participation was in effect (see exception for termination of employment on page 7). An expense is incurred when the service (dependent care or household service) is provided. Incurred does not mean billed or paid. You cannot use your DCRP for one year to pay for expenses incurred in another year, regardless of when you are charged for them or pay for them. You cannot carry over unreimbursed expenses into the next Plan Year.

Dependent care can be provided by private individuals, including relatives, in or out of your home. However, costs do not qualify for reimbursement when care is provided by someone the employee or spouse can claim as a dependent, or by the employee's child who is under age 19 at the end of the tax year.

If services were provided outside the household and the qualifying individual is someone other than a dependent child under age 13, the dependent must spend at least 8 hours per day in the household. If services were provided outside the household at a dependent care center which provides care for more than six individuals for a fee, the facility must be licensed. Once a child enters kindergarten, education expenses paid for him or her do not qualify, but the cost of before or after school care can qualify.

### **HCRP – Reimbursement for health care expenses not covered by insurance.**

This would include medical, dental and vision expenses incurred by you and/or your eligible dependents during the Plan Year while you are a plan participant. You may submit claims for eligible children through the end of the year in which they turn 26 years of age. Eligible expenses include such things as deductibles, co-insurance, eyeglasses, and orthodontia. Eligible expenses do not include the payment of insurance premiums. Other examples of allowed and disallowed expenses can be found on page 14.

Some expenses are *potentially* eligible, but require a Letter of Medical Necessity from your health care provider.

To be eligible for reimbursement from your HCRP for a given Plan Year, an expense must be incurred in the same Plan Year during the time within the year that your HCRP participation is in effect. *An expense is incurred when you are provided with the health care treatment or services giving rise to the expense. Incurred does not mean billed or paid. For example, if you bought eyeglasses in December 2019, but didn't receive a bill for them until January 2020, and paid for them in 2020, the glasses expense was incurred in 2019. You cannot use your HCRP funds for one year to pay for expenses incurred in another year, regardless of when you are charged for them, or pay for them. (See exception for orthodontics expenses on page 14). You cannot carry over unreimbursed expenses into the next Plan Year.*

## **EFFECT ON SALARY, TAX AND OTHER BENEFITS**

### **PAYCHECK DEDUCTIONS**

On each of your bi-weekly paychecks, the pay check advice will provide you with cafeteria plan participation information for both the current period and year-to-date. It will show amounts reduced from your salary for the PTPP, HCRP and the DCRP.

### **PTPP – Pre-Tax Premium Program**

Deductions for single medical and single or family dental insurance premiums are taken on the second payday of each month. The deduction for family medical insurance premiums is split into two equal parts and taken on the first and second paydays of each month.

If the amount of the insurance premium changes during the year, the amount going through the PTPP will automatically change accordingly, subject to certain limitations as stated in IRS regulations. Also, if your insurance contribution changes because of a change in the number of hours you regularly work, your salary reduction will automatically be changed accordingly. (If your hours of employment fall below half time, and you become ineligible to continue in the County's insurance program, you may be eligible to continue insurance coverage under federal law (COBRA), with the full premium passing through PTPP. Please call Diane Leyde at 266-2734 with any questions.)

### **HCRP and DCRP**

Your annual election will be divided by 26 pay checks (or the number of paydays left in the year for mid-year enrollment) and will be deducted from each check.

### **EFFECT ON OTHER BENEFITS**

If you make deposits to any of the three programs in the Cafeteria Plan, your actual County gross salary remains the same, but your taxable salary is lower. Contributions to these accounts reduce your Social Security (FICA) taxable wage. As a result, contributions to the Social Security fund are based on a lower FICA wage base and may affect future benefits.

Participation in this program does not affect employee or employer PERA contributions, as PERA contributions are calculated using an employee's full, unreduced salary. Consequently, there is no impact on PERA benefits you receive when you retire.

## EFFECT ON SALARY, TAX AND OTHER BENEFITS (Continued)

### INCOME TAX IMPLICATIONS OF THE CAFETERIA PLAN

**PTPP  
& HCRP:**

If you use the PTPP, you cannot claim your medical and/or dental insurance premiums on your income tax return as itemized deductions. These premiums cannot be claimed as itemized deductions because the amounts were not included in your gross income.

For the same reason, medical and dental expenses reimbursed through HCRP cannot be claimed as itemized deductions. Also, any expense claimed under HCRP cannot be claimed under another pre-tax reimbursement account.

**DCRP:**

Federal and state laws allow income tax credits for dependent care. **You must determine what combination of DCRP and tax credits is most beneficial for you.** Check with your tax preparer for assistance and information on the current tax rules.

*The federal and state Child Care Tax Credits are based on a percentage of your expenses determined by your income. As your income goes up, the tax credit percentage goes down.*

Check with the IRS and the Minnesota Department of Revenue for details on the tax credits.

## EXAMPLE OF TAX SAVINGS USING A PRE-TAX ACCOUNT

The example below shows how participation in the HCRP can provide tax savings.

Example: Married, claiming 3 withholding allowances, \$1,500 in annual orthodontia expenses.

	<u>Without HCRP</u>	<u>With HCRP</u>	<u>Difference</u>
Annual Gross Income	\$48,000.00	\$48,000.00	
Less: PERA	2,448.00	2,448.00	
Less: Orthodontia expense through HCRP	<u>0.00</u>	<u>1,500.00</u>	<u>-1,500.00</u>
Adjusted Income	\$45,552.00	\$44,052.00	
Less: FICA	3,672.00*	3,557.00**	115.00
Less: Federal Tax	4,076.00	3,851.00	225.00
Less: State Tax	2,196.00	2,090.00	106.00
Orthodontia Expense	<u>1,500.00</u>	<u>0.00</u>	<u>1,500.00</u>
Net Available Income	\$34,108.00	\$34,554.00	\$446.00

\*\$48,000 x 7.65%

\*\*(\$48,000 - \$1,500) x 7.65%

Your remaining disposable income with **HCRP** is \$34,554.00 compared to \$34,108.00 without HCRP. You save \$446.00 in taxes per year.

## HCRP PERSONAL WORKSHEET

This worksheet may be used to help you estimate your anticipated eligible health expenses for next year. **REMEMBER TO ESTIMATE YOUR EXPENSES CAREFULLY. When determining the amount you wish to set aside for the year, consider what amount, if any, of excess money up to \$300 you could be carrying over into your account from the previous year.** Health expenses include, but are not limited to, the following types of health care expenses incurred by you and/or your eligible dependents:

	<u>This Year's Expenses</u>	<u>Next Year's Projected Expenses</u>
<u>Medical care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payments (your share of covered medical expenses)	\$ _____	\$ _____
Prescription drug costs (including Over-The-Counter drugs with a prescription)	\$ _____	\$ _____
Over-the-counter medical expenses	\$ _____	\$ _____
Immunizations	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Charges in excess of usual & customary fees	\$ _____	\$ _____
Other	\$ _____	\$ _____
 <u>Dental care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payments (your share of covered dental expenses)	\$ _____	\$ _____
Orthodontic services	\$ _____	\$ _____
Charges in excess of usual & customary fees	\$ _____	\$ _____
Other	\$ _____	\$ _____
 <u>Vision care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payment (your share of covered vision expenses)	\$ _____	\$ _____
Eye exams	\$ _____	\$ _____
Contact Lens fitting fee	\$ _____	\$ _____
Eye glasses and/or contact lenses	\$ _____	\$ _____
Contact Lens solutions	\$ _____	\$ _____
Laser eye surgery	\$ _____	\$ _____
Other	\$ _____	\$ _____
 TOTAL	 \$ _____	 \$ _____

## **EXAMPLES OF HCRP REIMBURSABLE EXPENSES**

Out-of-Pocket Medical Expenses:	Deductibles, co-insurance, office co-pays, flu shots, doctor's services, hospital services, laboratory fees, x-ray fees, surgery, ambulance fees, etc. not paid by insurance.
Prescription Drug Expenses:	Co-pays and medicines prescribed by a doctor but not covered by the health plan, including over-the-counter drugs prescribed by a doctor.
Over-the-Counter Medical Supplies:	Expenses incurred for the diagnosis, care, mitigation, treatment or prevention of disease, such as first aid supplies, braces and supports, reading glasses, and diabetic supplies.
Medical Equipment Expenses:	Crutches (purchase or rental), hearing aids, oxygen, wheelchair, etc.
Transportation Expenses:	Amounts primarily for and essential to medical care (.20¢/mile effective 1/1/2019.)
Out-of-Pocket Dental Expenses:	Deductible, co-insurance, etc.
Out-of-Pocket Vision Expenses:	Eye exams, contact lens fitting fees, prescription eyeglasses, contact lenses, contact lens solutions, reading glasses, etc.
Out-of-Pocket Orthodontic Expenses:	Co-insurance or payment for Placement of Braces or Monthly payments under a contract (copy of contract required by the plan administrator) only to the extent they are for treatment or services actually received for examining and adjusting braces over the course of orthodontic treatment during the Plan Year. <b>Exception:</b> Expenses may be treated as incurred for orthodontia services before the services are provided if the orthodontist (following his or her normal practice) requires advance payments to receive the services (e.g., requires a lump sum for services to be provided that year and the next). <b>Note: Please call Diane Leyde, Ramsey County Human Resources, at 266-2734 for additional information.</b>
Smoking Cessation:	Smoking cessation programs and prescription drugs, including Over-The-Counter drugs with a prescription.
Weight Loss Programs:	Weight-loss programs if prescribed by physician as medically necessary to prevent or alleviate a specific medical condition (e.g. hypertension or diabetes.)

## **EXAMPLES OF DISALLOWED EXPENSES**

Teeth bleaching  
Cosmetic surgery (unless medically necessary)  
Diaper service  
Health Club dues for general health and fitness  
Insurance premiums  
Pre-payment for service or treatment not yet received  
Over-the-counter medications *without* a prescription

## Appendix A – Department Benefits Representatives

DEPARTMENT NAME	ADDRESS	BENEFIT REP.	PHONE #	FAX #
County 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
Communications	90 W Plato Blvd, Suite 110	Kelly Loude Lisa Thompson (backup)	266-2194 266-2051	266-2199
Community Corrections	1210 Metro Square Bldg.	Angel Lang	266-2580	266-2393
County Assessor	90 W Plato Blvd, Suite 110	Kelly Loude Lisa Thompson (backup)	266-2194 266-2051	266-2199
County Manager	250 Courthouse	Cheryl Kempe	266-8008	266-8039
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
Financial Assistance Services Health and Wellness Administration Social Services	9800 RCGC-East	Adie Lee Nou Thao	266-4064 266-4010	266-4439
Finance	Central Payroll Unit 4000 Metro Square Bldg.	Ryan Engel	266-1054	266-1078
Human Resources	2100 Metro Square Bldg.	Diane Leyde	266-2734	266-2934
Information Services and Public Records Administration	90 W Plato Blvd, Suite 110	Lisa Thompson Kelly Loude (backup)	266-2051 266-2194	266-2199
Lake Owasso Residence	210 N. Owasso Blvd.	Louise Krohn	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.	Amber Soler	486-2205	486-2220
Medical Examiner	300 University Ave. E. 2015 N. Van Dyke St. Maplewood	Sue Swanson	266-1701	266-1720
Parks & Rec.		Sandy Labore	363-3774	748-2508
Project Management Office	90 W Plato Blvd, Suite 110	Lisa Thompson Kelly Loude (backup)	266-2051 266-2194	266-2199
Property Management	2220 Metro Square Bldg.	Red Garfield	266-2248	266-2264
Property Tax, Records & Elections Services	90 W Plato Blvd, Suite 110	Kelly Loude Lisa Thompson(backup)	266-2194 266-2051	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.	Gina Kalis Barb Ruza	251-2408 251-2407	777-1426
Sheriff	425 Grove St.	Rochelle Ellson Tiffany Engel	266-9369 266-9551	266-9390
Veteran's Service	90 W Plato Blvd, Suite 200	Maureen Bibro	266-2451	266-2593
Workforce Solutions	2266 Second St N North St Paul, MN 55109	Joni Xiong	266-6012	266-6050