Ramsey County

Cafeteria Plan
Reference Guide

Health Care Flexible Spending Account
Dependent Care Expense Account
Pre-Tax Premium Program

2023

October 2022

RAMSEY COUNTY CAFETERIA PLAN

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

Prepared by Human Resources Department
October 2022

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 PBTA within 31 days of the qualifying change in status event. (See page 9.)

2. Health Care Flexible Spending Account Program (HCFSA)

HCFSA 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 HealthPartners, Ramsey County's claims administrator, for reimbursement. You will be reimbursed for eligible expenses through direct deposit, once you have set up your banking information with HealthPartners, or you may use a debit card as described below. To set up direct deposit, go to www.HealthPartners.com > My Plan > Manage Spending Accounts > Go to Spending Accounts > Manage my bank info. From there you will be guided through the process of adding your bank account information. Google Chrome is the preferred browser on the HealthPartners website.

Everyone who newly enrolls in the Health Care Flexible Spending Account Program in 2023 will be issued a debit card by HealthPartners 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 HealthPartners' debit card you will use the same card in 2023.

When you use the debit 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 debit card, or if you choose not to use your debit card, you may submit your claim for reimbursement online, by using the myHP mobile app, by fax, or by mail.

You should keep all receipts for eligible expenses as they may be needed for an income tax audit, or you may need to submit documentation to HealthPartners if the sale cannot be verified during initial purchase or simply if further claim information is requested.

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 full amount has not yet been deducted from your pay checks. Expenses must have been incurred during the Plan Year while you are an eligible participant. For participants who enroll in the plan after 1/1/23 due to a qualifying event or due to enrollment eligibility, expenses must be incurred on or after the eligibility date and throughout the remainder of the plan year. Claims for expenses incurred during the Plan Year must be submitted no later than March 31st 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 $500. This will allow 2022 funds to carry over into 2023, subject to the $500 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 Expense Account (DCEA)

DCEA 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 DCEA. 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 DCEA.

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 HealthPartners, 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 will be reimbursed for eligible expenses through direct deposit. To set up direct deposit, go to www.HealthPartners.com > My Plan > Manage Spending Accounts > Go to Spending

Accounts > Manage my bank info. From there you will be guided through the process of adding your bank account information. Google Chrome is the preferred browser on the HealthPartners website.

Everyone who newly enrolls in the Dependent Care Expense Account in 2023 will be issued a debit card. If you were previously issued a debit card by HealthPartners, you will use the same card in 2023. The debit card 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 a debit card, or if you choose not to use your debit card, you may submit your claim for reimbursement online, by using the *myHP* mobile app, by fax, or by mail.

If you are submitting a claim for reimbursement and the funds available in your DCEA 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 31st 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 debit 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.

There is no carry over for DCEA and any funds not used by the end of the run out period for expensing incurred during the Plan year will be forfeited.

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.

HCFSA & DCEA
You must enroll in HCFSA and DCEA 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.

DCEA
Enrollment in the DCEA 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.

HCFSA
Enrollment in the HCFSA 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.

3. Enrollment Following Qualifying Change in Status

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 PBTA to verify your eligibility to make a change.)

Estimate HCFSA and DCEA carefully! Money left in a DCEA 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 $500 in remaining HCFSA 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 $500.

	HCFSA	**DCEA**
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	$2,850 *	$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 DCEA, remember that the DCEA directly offsets amounts you may claim through the Child Care Tax Credits.

TERMINATION OR CHANGES

If you enroll in the Cafeteria Plan, you <u>may be eligible</u> 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 PBTA (listed on page 15) to verify your eligibility to make a change.

If you **terminate** from HCFSA, you may only submit claims for expenses incurred **prior** to your termination date. This does <u>not</u> apply to DCEA (See next page.)

If you **change** the amount of your HCFSA or DCEA 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), <u>not</u> 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.

Unpaid 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 PBTA within 31 days of your return if you wish to terminate your participation in PTPP.

HCFSA

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 or 266-2700 to discuss your options both when going on and returning from an unpaid leave of absence.

DCEA

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 an unpaid 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 or 266-2700 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.

HCFSA

If you terminate employment with Ramsey County, federal law (COBRA) permits you to continue your participation in HCFSA 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.

DCEA

If you terminate employment with Ramsey County, you may not continue your participation in DCEA. 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, HCFSA, and DCEA.**

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 PBTA (listed on page 15).

QUALIFYING CHANGE IN STATUS REGULATIONS

The following events <u>may</u> 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 PBTA (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.

HCFSA, DCEA, PTPP • Marriage of employee • Birth/Adoption • Death of your spouse or dependent • Divorce of employee • 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 an unpaid leave of absence • You or your spouse returning to work 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 as a dependent due to age. • Court order requiring you to assume liability for medical and/or day care expenses of a dependent child.	***Other changes in status <u>may</u> be considered as qualifying events depending on individual circumstances.*** *Note: An unexpected change in medical expenses is <u>not</u> a qualifying change in status.* **The following events are considered qualifying changes for DCEA only:** • Change in residence (employee, spouse or dependent) • Significant cost change in day care provider. • Significant change in your or your spouse's work schedule resulting in changed dependent care needs. • **Generally, *qualifying changes must impact eligibility, and changes in coverage must be on account of and consistent with the qualifying change in status.***

ELIGIBLE EXPENSES

DCEA - Work-related household and dependent care expenses, necessary for gainful employment.

Two types of expenses qualify for reimbursement under the DCEA:

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 DCEA 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 DCEA 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 DCEA 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.

HCFSA – Reimbursement for health care expenses not covered by insurance.

This would include medical, dental and vision expenses incurred by you, your spouse, 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 HCFSA for a given Plan Year, an expense must be incurred in the same Plan Year during the time within the year that your HCFSA 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 2021, but didn't receive a bill for them until January 2022, and paid for them in 2022, the glasses expense was incurred in 2021. You cannot use your HCFSA 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, HCFSA and the DCEA.

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 Tomczak at 266-2734 with any questions.)

HCFSA and DCEA

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 & HCFSA: 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 HCFSA cannot be claimed as itemized deductions. Also, any expense claimed under HCFSA cannot be claimed under another pre-tax reimbursement account.

DCEA: Federal and state laws allow income tax credits for dependent care. **You must determine what combination of DCEA 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 HCFSA can provide tax savings.

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

	Without HCFSA	With HCFSA	Difference
Annual Gross Income	$48,000.00	$48,000.00	
Less: PERA	3,220.00	3,220.00	
Less: Orthodontia expense through HCRP	0.00	1,500.00	-1,500.00
Adjusted Income	$44,780.00	$43,280.00	
Less: FICA	3,672.00*	3,557.00**	115.00
Less: Federal Tax	5,374.00	5,194.00	225.00
Less: State Tax	3,045.00	2,943.00	106.00
Orthodontia Expense	1,500.00	0.00	1,500.00
Net Available Income	$31,189.00	$31,586.00	$397.00

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

Your remaining disposable income with HCFSA is $31,586.00 compared to $31,189.00 without HCFSA. You save $397.00 in taxes per year.

HCFSA 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, will carry 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:

	This Year's Expenses	Next Year's Projected Expenses
Medical care expenses (not covered by insurance)		
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	$________	$________
Dental care expenses (not covered by insurance)		
Deductibles	$________	$________
Co-payments (your share of covered dental expenses)	$________	$________
Orthodontic services	$________	$________
Charges in excess of usual & customary fees	$________	$________
Other	$________	$________
Vision care expenses (not covered by insurance)		
Deductibles	$________	$________
Co-payment (your share of covered vision expenses)	$________	$________
Eye exams	$________	$________
Contact Lens fitting fee	$________	$________
Eyeglasses and/or contact lenses	$________	$________
Contact Lens solutions	$________	$________
Laser eye surgery	$________	$________
Other	$________	$________
TOTAL	$________	$________

EXAMPLES OF HCFSA 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
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 (22¢/mile effective 07/30/22.)
Out-of-Pocket Dental Expenses:	Deductibles, 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. **Exception:** 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).
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.)
OTC Expenses	Over-the-counter drugs, medicines and menstrual care products are eligible expenses.

EXAMPLES OF <u>DISALLOWED</u> 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

DEPARTMENT NAME	Email	PBTA	PHONE #	FAX #
Board of Commissioners	Strategic.Payroll@co.ramsey.mn.us	Kellie Yang	266-4014	266-2934
Comm & Public Relations	CommunicationsHR@co.ramsey.mn.us	Alexandra Ritschel	266-2724	
Community Corrections	CommCorrectionsHR@co.ramsey.mn.us	Angel Lang	266-2580	266-2393
Community & Economic Development	CommEconDevHR@co.ramsey.mn.us	Rhonda Swanson	266-6012	
County Assessor	CoAssessorHR@co.ramsey.mn.us	Alexandra Ritschel	266-2724	266-2199
County Manager	Strategic.Payroll@co.ramsey.mn.us	Kellie Yang	266-4014	266-8039
County Attorney	yvonne.schneider@co.ramsey.mn.us	Yvonne Schneider	266-3025	266-3010
Courts	Jenine.degraw@courts.state.mn.us	Jenine DeGraw	266-9266	266-8278
Emergency Communications	EmergencyCommCtrHR@co.ramsey.mn.us	Tania Mulvaney	266-7714	266-7711
Emergency Management	EmergencyMgmtHR@co.ramsey.mn.us	Kellie Yang	266-4014	266-1078
Enterprise & Admin Services	EnterpriseAdminSvcHR@co.ramsey.mn.us	Alexandra Ritschel	266-2724	
Finance	Strategic.Payroll@co.ramsey.mn.us	Kellie Yang	266-4014	266-1078
Financial Assistance Services	FAS.Payroll@co.ramsey.mn.us	Yvonne Overson Jill McKenzie	266-0115 266-0107	
Health & Wellness Admin	HWA.Payroll@co.ramsey.mn.us	Ann Yang		
Housing Stability	HousingStabilityHR@co.ramsey.mn.us	Rhonda Swanson	266-6012	
Human Resources	Strategic.Payroll@co.ramsey.mn.us	Kellie Yang	266-4014	266-2934
Information Services	InformServicesHR@co.ramsey.mn.us	Alexandra Ritschel	266-2724	266-2199
Lake Owasso Residence	LakeOwassoHR@co.ramsey.mn.us	Tim Koran	266-0715	765-7722
Law Library	Shannon.stoneking@co.ramsey.mn.us	Shannon Stoneking	266-8391	266-8399
Library	LibraryHR@co.ramsey.mn.us	Amber Soler	486-2205	486-2220
Medical Examiner	MedicalexamHR@co.ramsey.mn.us	Tim Koran	266-2735	266-1720
Office of EGCI	OfficeECGIHR@co.ramsey.mn.us	Rhonda Swanson	266-6012	
Office of Safety and Justice	Tania.Mulvaney@co.ramsey.mn.us	Tania Mulvaney	266-7714	266-7711
Parks & Recreation	ParkRecHR@co.ramsey.mn.us	Sandy LaBore	266-0323	748-2508
Property Management	PropertyMgmtHR@co.ramsey.mn.us	Sandy LaBore	266-0323	266-2264
Property Tax, Records & Elections Services	PropTaxRecElectionHR@co.ramsey.mn.us	Alexandra Ritschel	266-2724	266-2199
Public Defender	Laura.Schurhamer@pubdef.state.mn.us	Laura Schurhamer	757-1622	215-0673
Public Health	PublicHealthHR@co.ramsey.mn.us	Maureen Bibro	266-2451	266-2593
Public Works	PublicWorksHR@co.ramsey.mn.us	Amber Soler (49ers) Rhonda Swanson	266-7107 266-6012	266-7110
Sheriff	todd.levig@co.ramsey.mn.us jean.chisholm@co.ramsey.mn.us	Todd Levig Jean Chisholm	266-9369 266-9551	266-9390
Social Services	SSD.Payroll@co.ramsey.mn.us	Kristen Boyne Fatuma Hassan	266-3627 266-2736	
Transit	TransitHR@co.ramsey.mn.us	Rhonda Swanson	266-6012	
Veteran Services	VeteranServicesHR@co.ramsey.mn.us	Maureen Bibro	266-2451	266-2593
Workforce Solutions	WorkforceSolutionsHR@co.ramsey.mn.us	Rhonda Swanson	266-6012	266-6050