

EMPLOYEE INSURANCE BENEFIT PLANS

Reference Guide

2024



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 complete required paperwork 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 PBTA.) Check with your PBTA if you have any questions.

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 enroll 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 legal 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 Tomczak 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 a family tier 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 birth up to age 26 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 PBTA 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 complete required paperwork 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 in a family coverage tier, provided that you complete required paperwork within 31 days after the marriage, birth, adoption, or placement for adoption. Please contact your PBTA 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. Spouses can be added, effective the date of birth, within 31 days. Other dependents may be added as late enrollments.

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 PBTA and complete required paperwork 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 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 PBTA 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 PBTA 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; Local 8–PHNs/RNs; and Local 3688–JAF, 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.)

Blue Cross Information

Customer Service:
844-348-0582
bluecrossmn.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 **bluecrossmn.com** or contact Customer Service for provider information.

Note: Blue Cross and Blue Shield of Minnesota offers members nationwide access to care through the BlueCard PPO network throughout the United States. When members use the BlueCard PPO network outside of the Blue Cross and Blue Shield of Minnesota service area, their claim will be processed as an in-network claim. If you need help finding a provider, call 844-348-0582, or bluecrossmn.com.

Medical Insurance

BCBS Preferred Plan - High Value Network \$0 Deductible **0% Coinsurance Plan**

Medical coverage is available to you, your legal spouse, and your dependents through the HVN \$0 Deductible 0% Coinsurance 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 HighValue Network provider in Minnesota, or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care or prescriptions) of \$0 per person/\$0 per family. Preventive health care is covered at 100% for in-network providers; and 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). Your office visit co-pay to see an in-network provider for illness or injury is \$25 for primary care and \$40 for specialists; to see an out-of-network provider you pay 40% after deductible. Your co-pay if you visit an in-network retail health clinic is \$10; to see an out-of-network provider you pay 40% after deductible. Urgent care is covered after a \$40 copay for in-network providers; or an \$80 copay for out-of-network providers. Emergency room care is covered at 100% after a \$150 co-pay for in and out-of-network providers. E-visits are covered after a \$10 copay for in-network providers; you pay 40% after deductible for out-of-network providers.

Inpatient hospital services are covered after a \$250 copay for in-network providers; you pay 40% after deductible for out-of-network providers. Outpatient hospital services are covered at 100%, except for scheduled outpatient surgery which requires a \$100 copay for in-network providers. For out-of-network outpatient hospital services, you pay 40% after deductible. There is an annual medical and prescription combined out-of-pocket maximum of \$3,000 per person/\$6,000 per family for in-network providers; and \$6,000 per person/\$12,000 per family for out-of-network providers. The co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$750 per person or \$2,100 per family. Costs incurred in excess of the allowed amount 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 \$6,000 per person/\$12,000 per family.

Preferred Plan

HVN \$0 Deductible 0% Coinsurance Copay Plan



Benefit Summary | Effective Dates January 1, 2024 – December 31, 2024

Key Benefits	In network*	
	MN Network: HighValue National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$0 individual \$0 family	Medical and prescription combined \$750 individual \$2,100 family
Coinsurance Level The percent you pay after your deductible is met.	0%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,000 individual \$6,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office lab services • office diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	\$10 copay \$10 copay \$25 copay 0% 0% 0% \$40 copay \$40 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible \$80 copay
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	\$25 copay 0% 0% \$25 copay \$25 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient Facility Services	\$250 copay	40% after the deductible
Outpatient Facility Services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	0% 0% 0% \$100 copay 0%	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	\$150 copay 0% 0%	
Durable Medical Equipment	0%	40% after the deductible

Key Benefits	In network* MN Network: HighValue National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services 	\$250 copay \$25 copay 0%	40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs – Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand Specialty drug list <ul style="list-style-type: none"> • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand <ul style="list-style-type: none"> • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand 	 \$10 copay \$15 copay \$25 copay \$35 copay 20% to a maximum of \$200 per prescription \$30 copay \$45 copay \$75 copay \$105 copay \$30 copay \$45 copay \$75 copay \$105 copay	 No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay, or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

Blue Cross Information
Customer Service:
844-348-0582
bluecrossmn.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
bluecrossmn.com or
contact Customer Service
for provider information.

Note: Blue Cross and
Blue Shield of Minnesota
offers members
nationwide access to care
through the BlueCard PPO
network throughout the
United States. When
members use the
BlueCard PPO network
outside of the Blue Cross
and Blue Shield of
Minnesota service area,
their claim will be
processed as an in-
network claim. If you need
help finding a provider, call
844-348-0582, or
bluecrossmn.com.

Medical Insurance

BCBS Broad Plan - Aware Network \$600 Deductible 20% Coinsurance

Medical coverage is available to you, your legal spouse, and your dependents through the Aware \$600 Deductible 20% Coinsurance 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 Aware Network provider in Minnesota, or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care or prescriptions) of \$600 per person/\$1,200 per family. Preventive health care is covered at 100% for in-network providers; you pay 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). Your office visit co-pay to see an in-network provider for illness or injury is \$30; to see an out-of-network provider you pay 40% after deductible. Your co-pay if you visit an in network retail health clinic is \$10; to see an out-of-network provider you pay 40% after deductible. Urgent care is covered after a \$50 copay for in-network providers; or a \$100 copay for out-of-network providers; emergency room care is covered at 100% after a \$150 co-pay for in and out-of-network providers. E-visits are covered at the same level as retail health clinic visits for illness or injury.

You pay 20% after deductible if you use an in-network inpatient hospital; or 40% after deductible for an out-of-network inpatient hospital. There is an annual medical and prescription combined out-of-pocket maximum of \$4,500 per person/\$9,000 per family for in-network providers; and \$9,000 per person/\$18,000 per family for out-of-network providers. The co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$1,800 per person or \$3,600 per family. Costs incurred in excess of the allowed amount 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 \$9,000 per person/\$18,000 per family.

Broad Plan

Aware Network \$600 Deductible 20%

Coinsurance Copay



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Key Benefits	In network*	
	MN Network: Aware National Network: BlueCard PPO	
Out of network**		
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$600 individual \$1,200 family	Medical and prescription combined \$1,800 individual \$3,600 family
Coinsurance Level The percent you pay after your deductible is met.	20%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,500 individual \$9,000 family	Medical and prescription combined \$9,000 individual \$18,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none">• well-child care to age 6• prenatal care• preventive medical evaluations age 6 and older• cancer screening• preventive hearing and vision exams• immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none">• e-visits• retail health clinic (office visit)• physician office visits• office lab services• office diagnostic imaging• allergy injections and serum• specialist office visits• Urgent Care professional services	\$10 copay \$10 copay \$30 copay 0% 0% 0% \$50 copay \$50 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible \$100 copay
Other professional services <ul style="list-style-type: none">• chiropractic manipulation (office visit)• chiropractic therapy• home health care• physical therapy, occupational therapy, speech therapy (office visit)• physical therapy, occupational therapy, speech therapy (therapy)	\$30 copay 20% after the deductible 20% after the deductible \$30 copay \$30 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient Facility Services	20% after the deductible	40% after the deductible
Outpatient Facility Services <ul style="list-style-type: none">• facility lab services• facility diagnostic imaging• chemotherapy and radiation therapy• scheduled outpatient surgery• urgent care services (facility services)	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none">• emergency room (facility charges)• professional charges• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	\$150 copay 0% 0%	
Durable Medical Equipment	20% after the deductible	40% after the deductible

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Blue Cross Information

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bluecrossmn.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 **bluecrossmn.com** or contact Members Services for provider information.

Note: Blue Cross and Blue Shield of Minnesota offers members nationwide access to care through the BlueCard PPO network throughout the United States. When members use the BlueCard PPO network outside of the Blue Cross and Blue Shield of Minnesota service area, their claim will be processed as an in-network claim. If you need help finding a provider, call 844-348-0582, or bluecrossmn.com.

Medical Insurance

BCBS High Deductible Health Plan (Aware Network) **\$1600 Deductible 20% Coinsurance Plan**

Medical coverage is available to you, your legal spouse, and your dependents through the Aware HDHP \$1600 Deductible 20% Coinsurance 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 Aware Network provider in Minnesota or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care) of \$1,600 per person for those with individual coverage/\$3,200 per family for those with family coverage. Preventive health care is covered at 100% for in-network providers; you pay 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). For office visit and retail health clinics you pay 20% after deductible to see an in-network provider for illness or injury; and 40% after deductible to see an out-of-network provider. Urgent care is covered after you pay 20% after deductible for in-network providers, and 40% after deductible for out-of-network providers. Emergency room care is covered after you pay 20% after deductible for in-network or out-of-network providers. E-visits are covered at the same level as office visits for illness or injury.

You pay 20% after deductible if you use an in-network inpatient hospital; or 40% after deductible for an out-of-network inpatient hospital. There is an annual medical and prescription combined out-of-pocket maximum of \$6,000 per person for those with individual coverage/\$12,000 per family for those with family coverage for in-network providers; and \$12,000 per person for those with individual coverage/\$24,000 per family for those with family coverage for out-of-network providers. After the deductible is satisfied, the co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays after the deductible is satisfied. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$4,800 per person for those with single coverage or \$9,600 per family for those with family coverage. Costs incurred in excess of the allowed amount 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 \$12,000 per person for those with individual coverage/\$24,000 per family for those with family coverage.

High Deductible Plan

Aware HDHP \$1,600 Deductible 20% Coinsurance



Benefit Summary | January 1, 2024 – December 31, 2024

Key benefits	In network*	
	MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network accumulate separately.	Medical and prescription combined \$1,600 individual \$3,200 family	Medical and prescription combined \$4,800 individual \$9,600 family
Coinsurance Level The percent you pay after your deductible is met.	20%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$12,000 individual \$24,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office lab services • office diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient facility services	20% after the deductible	40% after the deductible
Outpatient facility services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	20% after the deductible 20% after the deductible 20% after the deductible	
Durable Medical Equipment	20% after the deductible	40% after the deductible

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs – Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand 	 \$10 copay after the deductible \$15 copay after the deductible \$25 copay after the deductible \$35 copay after the deductible 20% to a maximum of \$200 per prescription \$30 copay after the deductible \$45 copay after the deductible \$75 copay after the deductible \$105 copay after the deductible \$30 copay after the deductible \$45 copay after the deductible \$75 copay after the deductible \$105 copay after the deductible	 No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is not Medicare Part D creditable.

Non-embedded deductible – The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only.

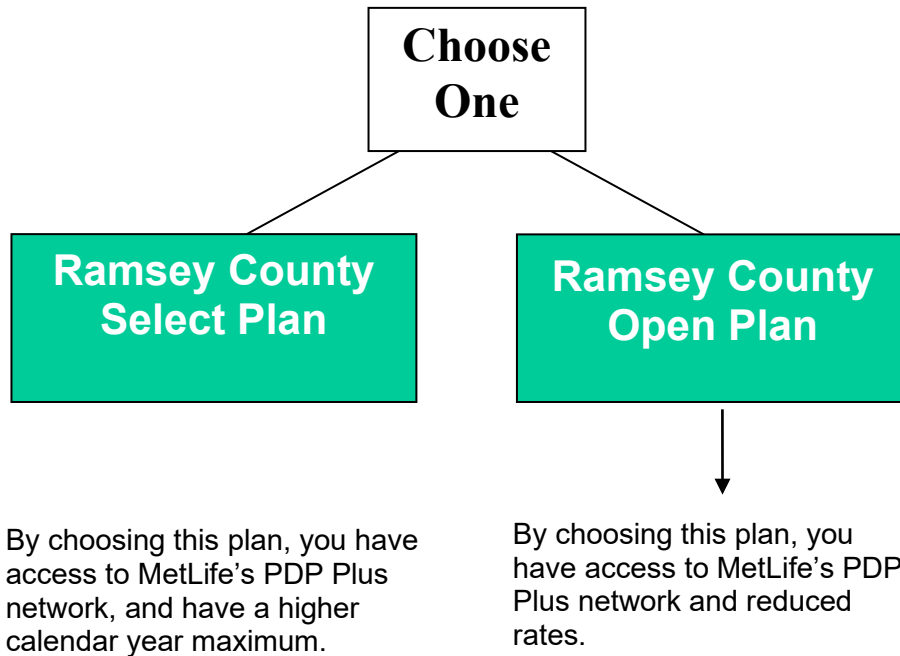
For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

Dental Insurance

Choices for Employee and Family

- The employee must be enrolled in dental in order to cover spouse or dependents.
- Dental insurance is provided by MetLife Dental.
- Choose between Ramsey County Select Plan or Ramsey County Open Plan. 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.



Dental Insurance Rates

Rates are different based on the Select or Open plan.

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.

<p><u>Dental Plan and Provider Information</u></p> <p>Member Services</p> <p>800-GET-MET8</p>	<p>Ramsey County Select Plan (Group # 251964-1-G) Choose from more than 2,300 dentists in Minnesota and 130,000 nationally. Each time you make an appointment, you or your family member can select a dentist. Choosing a dentist in network provides the most cost-effective care and provides richer benefits.</p> <p>Non-participating dentist –You can choose to receive services from a dentist who does not participate in the MetLife PDP Plus network. However, you pay your coinsurance as well as the difference between what the dentist charges and the allowable fee, which may result in significant out-of-pocket expenses. It is recommended that your dentist submit a pre-treatment estimate for services over \$300 to MetLife to identify costs prior to receiving services.</p> <ul style="list-style-type: none"> • Out of network benefits have an annual maximum of \$2,000. There is an individual deductible of \$75 or \$225 for family deductible when out of network. <p>To check to see which Benefit Level your dentist is in, go to www.mybenefits.metlife.com or call Member Services: 800-GET-MET8</p> <p>Ramsey County Open Plan (Group # 251964-1-G) Choose from more than 2,300 dentists in Minnesota and 130,000 nationally. Each time you make an appointment, you or your family member can select a dentist. Choosing a dentist in network provides the most cost-effective care and provides richer benefits.</p> <p>Non-participating dentist –You can choose to receive services from a dentist who does not participate in the MetLife PDP Plus network. However, you pay your coinsurance as well as the difference between what the dentist charges and the allowable fee, which may result in significant out-of-pocket expenses. It is recommended that your dentist submit a pre-treatment estimate for services over \$300 to MetLife to identify costs prior to receiving services.</p> <p>To check to see which Benefit Level your dentist is in, go to www.mybenefits.metlife.com or call Member Services: 800-GET-MET8</p>
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Dental Services	Ramsey County Select Plan		Ramsey County Open Plan	
	In network	Out of network	In network	Out of network
Calendar Year Annual Maximum – combined across all tiers	\$2,000	\$2,000	\$1,200	\$1,200
Annual Deductible	\$25/ person \$75/ family	\$75/ person \$225/ family	\$25/ person \$75/ family	\$25/ person \$75/ family
Type A Services				
Preventive/Diagnostic Care	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Amalgam Fillings	100%	100%	100%	100%
Non-Surgical Periodontics	100%	100%	100%	100%
Surgical Periodontics	100%	100%	100%	100%
Endodontics	100%	100%	100%	100%
Simple Extractions	100%	100%	100%	100%
Oral Surgery	100%	100%	100%	100%
Type B Services				
Posterior Composite	80%	80%	80%	80%
Crowns, Onlays	80%	80%	80%	80%
Type C Services				
Bridges & Dentures	50%	50%	50%	50%
Dental Implants	50%	50%		
Orthodontics	50%	50%	50%	50%
Lifetime maximum for dependents under age 19	\$1,000	\$1,000	\$1,000	\$1,000
This is an overview of MetLife coverage. Out of network coverage is also available in both plans. For exact coverage terms and conditions consult your plan materials or call Member Services at 800-GET-MET8.				

**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 optional employee life coverage amount cannot exceed \$750,000.
- New employees, or employees eligible for insurance for the first time, are offered a one-time opportunity to purchase up to \$100,000 in optional life coverage without evidence of insurability (Guarantee Issue) provided they do so within 31 days of eligibility. Amounts above \$100,000 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 optional spouse life coverage amount cannot exceed \$500,000.
- Optional Spouse Life is available to qualified domestic partners. Contact your Department PBTA for further information.
- Optional Spouse Life cannot be purchased if your spouse or domestic partner is a Ramsey County employee eligible for benefits.
- 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 spouse 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.

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 \$20,000 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 birth up to the age of 26 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 2023 rates.

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

You must have Optional Employee Life or Spouse Life to purchase Optional AD&D. See Appendix B for 2023 rates.

Employees should review their need for Dependent Life coverage each year to ensure 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/ramsey_county

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 <http://Securian.com/legacy>

Legal, Financial, and Grief Resources

TELUS Health 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.

<http://LifeBenefits.com/Lfg>

username: lfg
password: resources
1-877-849-6034

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 50 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. This coverage is not available for a dependent's 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:

Disability claims are subject to approval by Madison National Life.

You should file a claim form as soon as possible so that benefits are not delayed. Links to online claim forms are available at www.madisonlife.com and on RamseyNet. 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 1-800.627.3660.

If you have questions about the status of a claim or the payment of benefits, call Madison National Life at 1-800-356-9601. You can also view your claims status online at www.madisonlife.com.

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. This pre-existing condition exclusion would also apply when you are currently enrolled but electing a shorter elimination period.

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:

2023 rates are listed in Appendix B.

Long-Term Disability Insurance

If you become disabled, you are eligible for this monthly benefit following the completion of a six-month elimination period subject to approval of your claim. 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, up to a maximum monthly benefit of \$7500, after satisfying the elimination period (waiting period) you have selected and subject to approval of your claim. 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. If your claim is approved, 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--0.00390 = \$9.18 Monthly Premium

60 day--0.00299 = \$7.04 Monthly Premium

90 day--0.00182 = \$4.28 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 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 - Payroll, Benefits, Transactions Assistants (PBTA's)

DEPARTMENT NAME	Email
Board of Commissioners	Strategic.Payroll@co.ramsey.mn.us
Comm & Public Relations	CommunicationsHR@co.ramsey.mn.us
Community Corrections	CommCorrectionsHR@co.ramsey.mn.us
Community & Economic Development	CommEconDevHR@co.ramsey.mn.us
County Assessor	CoAssessorHR@co.ramsey.mn.us
County Manager	Strategic.Payroll@co.ramsey.mn.us
County Attorney	yvonne.schneider@co.ramsey.mn.us
Courts	Jenine.degraw@courts.state.mn.us
Emergency Communications	EmergencyCommCtrHR@co.ramsey.mn.us
Emergency Management	EmergencyMgmtHR@co.ramsey.mn.us
Enterprise & Admin Services	EnterpriseAdminSvcHR@co.ramsey.mn.us
Finance	Strategic.Payroll@co.ramsey.mn.us
Financial Assistance Services	FAS.Payroll@co.ramsey.mn.us
Health & Wellness Admin	HWA.Payroll@co.ramsey.mn.us
Housing Stability	HousingStabilityHR@co.ramsey.mn.us
Human Resources	Strategic.Payroll@co.ramsey.mn.us
Information Services	InformServicesHR@co.ramsey.mn.us
Lake Owasso Residence	LakeOwassoHR@co.ramsey.mn.us
Law Library	Shannon.stoneking@co.ramsey.mn.us
Library	LibraryHR@co.ramsey.mn.us
Medical Examiner	MedicalexamHR@co.ramsey.mn.us
Office of EGCI	OfficeECGIHR@co.ramsey.mn.us
Office of Safety and Justice	Tania.Mulvaney@co.ramsey.mn.us
Parks & Recreation	ParkRecHR@co.ramsey.mn.us
Property Management	PropertyMgmtHR@co.ramsey.mn.us
Property Tax, Records & Elections Services	PropTaxRecElectionHR@co.ramsey.mn.us
Public Defender	PublicDefenderHR@co.ramsey.mn.us
Public Health	PublicHealthHR@co.ramsey.mn.us
Public Works	PublicWorksHR@co.ramsey.mn.us
Sheriff	SheriffHR@co.ramsey.mn.us
Social Services	SSD.Payroll@co.ramsey.mn.us
Transit	TransitHR@co.ramsey.mn.us
Veteran Services	VeteranServicesHR@co.ramsey.mn.us
Workforce Solutions	WorkforceSolutionsHR@co.ramsey.mn.us

Appendix B
2024 Monthly Insurance Premiums and Contributions

Medical Rates

<u>Full-Time Rates</u>	<u>Total Rate</u>	<u>County Contribution</u>	<u>Employee Rate</u>
<u>BCBS Preferred Plan</u>			
Single Employee	\$ 975.59	\$ 926.81	\$ 48.78
Employee + Spouse	\$ 2,048.75	\$ 1,679.97	\$ 368.78
Employee + Child(ren)	\$ 2,146.31	\$ 1,759.97	\$ 386.34
Family	\$ 3,219.46	\$ 2,672.14	\$ 547.32
 <u>BCBS Broad Plan</u>			
Single Employee	\$ 881.67	\$ 837.59	\$ 44.08
Employee + Spouse	\$ 1,851.51	\$ 1,518.23	\$ 333.28
Employee + Child(ren)	\$ 1,939.67	\$ 1,590.53	\$ 349.14
Family	\$ 2,909.51	\$ 2,414.89	\$ 494.62
 <u>BCBS High Deductible Health Plan</u>			
Single Employee	\$ 754.50	\$ 716.78 + \$60 HSA	\$ 37.72
Employee + Spouse	\$ 1,585.00	\$ 1,299.70 + \$125 HSA	\$ 285.30
Employee + Child(ren)	\$ 1,660.50	\$ 1,361.60 + \$125 HSA	\$ 298.90
Family	\$ 2,490.50	\$ 2,067.12 + \$125 HSA	\$ 423.38

<u>Part-Time Rates</u>	<u>Total Rate</u>	<u>County Contribution</u>	<u>Employee Rate</u>
<u>BCBS Preferred Plan</u>			
Single Employee	\$ 975.59	\$ 620.97	\$ 354.62
Employee + Spouse	\$ 2,048.75	\$ 1,125.61	\$ 923.14
Employee + Child(ren)	\$ 2,146.31	\$ 1,179.19	\$ 967.12
Family	\$ 3,219.46	\$ 1,790.34	\$ 1,429.12
 <u>BCBS Broad Plan</u>			
Single Employee	\$ 881.67	\$ 561.19	\$ 320.48
Employee + Spouse	\$ 1,851.51	\$ 1,017.21	\$ 834.30
Employee + Child(ren)	\$ 1,939.67	\$ 1,065.65	\$ 874.02
Family	\$ 2,909.51	\$ 1,617.99	\$ 1,291.52
 <u>BCBS High Deductible Health Plan</u>			
Single Employee	\$ 754.50	\$ 480.24 + \$ 60 HSA	\$ 274.26
Employee + Spouse	\$ 1,585.00	\$ 870.80 + \$125 HSA	\$ 714.20
Employee + Child(ren)	\$ 1,660.50	\$ 912.27 + \$125 HSA	\$ 748.23
Family	\$ 2,490.50	\$ 1,384.97 + \$125 HSA	\$ 1,105.53

*Monthly premiums for medical insurance are split and deducted from the first two paychecks of the month

Appendix B- Continued

DENTAL INSURANCE						
MetLife Select Plan Full-Time				MetLife Open Plan Full-Time		
	Total <u>Premium</u>	County <u>Cost</u>	Employee <u>Cost</u>	Total <u>Premium</u>	County <u>Cost</u>	Employee <u>Cost</u>
Single Employee	\$ 41.28	\$ 20.64	\$ 20.64	\$ 37.57	\$ 18.79	\$ 18.78
Employee+Spouse	\$ 66.76	\$ 33.38	\$ 33.38	\$ 61.00	\$ 30.50	\$ 30.50
Employee+Child(ren)	\$ 73.72	\$ 36.86	\$ 36.86	\$ 66.86	\$ 33.44	\$ 33.42
Family	\$122.90	\$ 67.60	\$ 55.30	\$112.09	\$ 61.65	\$ 50.44
MetLife Select Plan Part-Time				MetLife Open Plan Part-Time		
Single Employee	\$ 41.28	\$ 13.84	\$ 27.44	\$ 37.57	\$ 12.57	\$ 25.00
Employee+Spouse	\$ 66.76	\$ 22.36	\$ 44.40	\$ 61.00	\$ 20.44	\$ 40.56
Employee+Child(ren)	\$ 73.72	\$ 24.70	\$ 49.02	\$ 66.86	\$ 22.40	\$ 44.46
Family	\$122.90	\$ 45.30	\$ 77.60	\$112.09	\$ 41.31	\$ 70.78

LIFE INSURANCE - Minnesota Life			
Basic Life/AD&D (County paid)		<u>Monthly Premium</u> \$.13/\$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		
	\$ 20,000	\$ 3.60	per month

LONG-TERM DISABILITY - N.I.S.

40% Income replacement (County paid)

Monthly Premium

All ages	\$ 0.084 /\$100 monthly salary
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Optional 20% Buy up (Employee paid)

Age

Under 40	\$ 0.068 /\$100 monthly salary
40-49	\$ 0.176 /\$100 monthly salary
50 or over	\$ 0.211 /\$100 monthly salary

SHORT-TERM DISABILITY - N.I.S.	
(All premiums employee-paid)	
	<u>Monthly Premium</u>
Option 1 - 30-day elimination period	.344% of monthly salary
Option 2 - 60-day elimination period	.264% of monthly salary
Option 3 - 90-day elimination period	.161% of monthly salary