October 26, 2023

# 2024 Insurance Benefits

Human Resources Roundtable – Managers & Supervisors

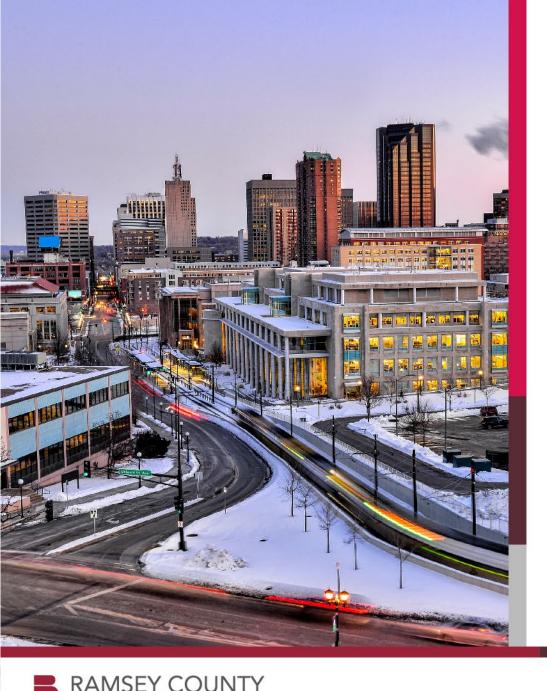


### Agenda

1. Introduction

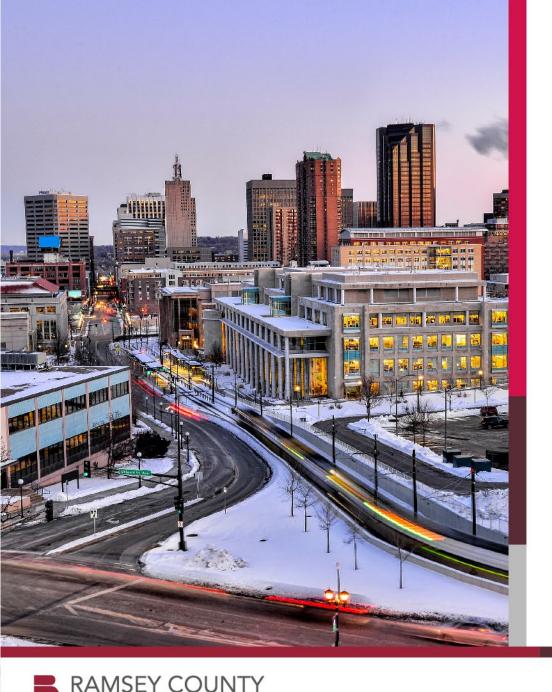
Annie Porbeni, Chief Human Resources Officer

- 2. How we got here Procurement Process, Goals and Outcomes Kristen Schultz, Benefits Manager
- 2024 Benefit Changes Review & Open Enrollment
   Kristen Schultz, Amber Kempe, Jessica Mumford, Cassy Fogale
- 4. Break 10:30am 10:45am
- 5. Wrap up and final questions by 11:30



### **Session Objectives**

- Provide information about 2024 Insurance changes so Leadership can direct staff to available resources, subject matter experts and educational sessions.
- Develop leadership partnership with Human Resources in support of change that achieves long term financial goals in an ever-increasing health care market and retains and attracts employees.



## **Session Format**

- Microphones Off
- Use Q&A for questions NOT chat
- Full attention requested
- Scenarios and FAQ's throughout

# Do not share individual protected health information

Email 2024InsuranceQuestions@ramseycounty.us with individual, personal questions

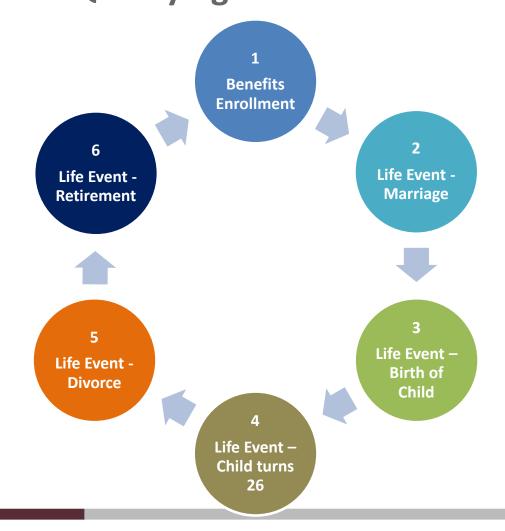


# FAQ Slides Amber Kempe

# Chat Questions Jessica Mumford



## Susan's Benefits life cycle Qualifying Life Events



Section 1

#### How We Got Here 2024 Benefits Procurement Process Goals & Outcomes





# Why are so many things changing for 2024?

 Solicitation required every three to five years in compliance with state law and to ensure the best options are provided to employees at a competitive price. The current five-year contracts expire Dec. 31, 2023

Contracts were awarded based on established criteria evaluated by a designated scoring team.

• The Health Insurance Labor Management Committee goals for 2024 focused on reducing the rising cost of insurance and to providing plan design and enrollment tier choices for employees with different medical, financial and family priorities.



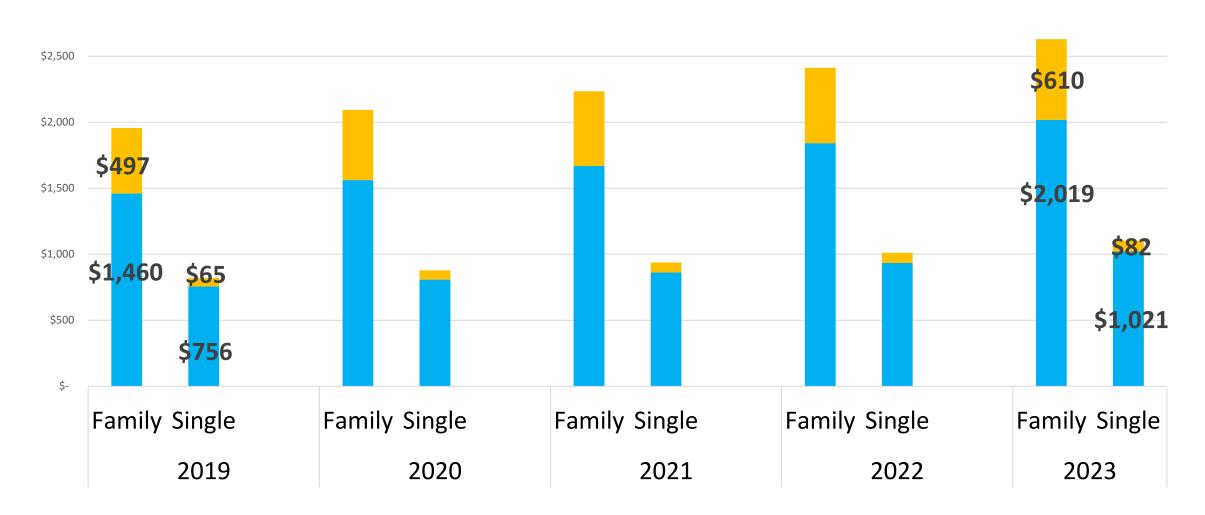
#### What is the Joint Health Insurance Labor Management Committee (LMC)?

- Established 1990
- Advisory to the county board providing input into county employee insurance benefits
- Goal is to promote quality, cost-effective insurance which is affordable and viable for the long term
- 15 official members 8 Labor & 7 Management
- Each member has additional alternates
- Monthly meetings



\$3,000

#### Joint Health Insurance LMC Discussion focus Medical Cost Increases – Family v. Single





## Joint Health Insurance LMC Consensus Goals 2024 Employee Benefits

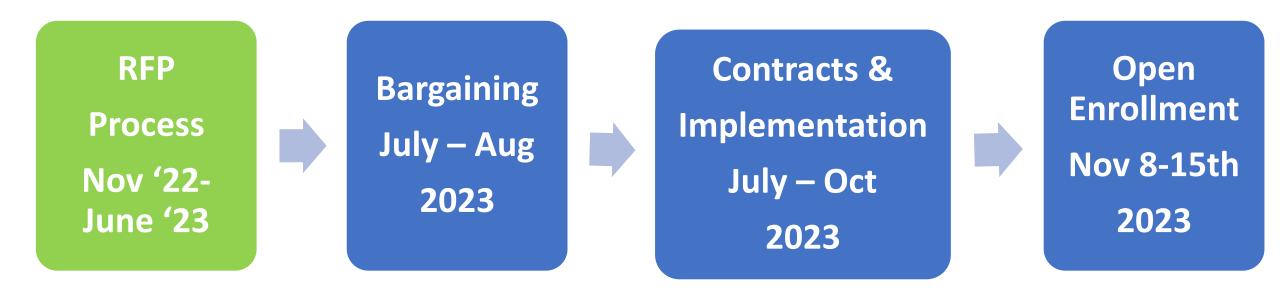
- Provide more than 1 medical plan option to employees.
  - Additional options should provide meaningful choice to employees at different stages in life who utilize medical insurance differently
  - Provide a High Deductible plan with a Health Savings Account option
- Provide additional enrollment tiers to single or family
  - Employee + spouse
  - Employee + child(ren)
- Redesign wellness program that more broadly engages employees
- Seriously consider the impact of transitioning from a fully insured to a <u>self-insured</u> funding model

Benefit choice through life's stages

New Wellness incentive



# 2023 process for 2024 Contracts Effective 1/1/2024



# **Key RFP Outcomes for 2024**

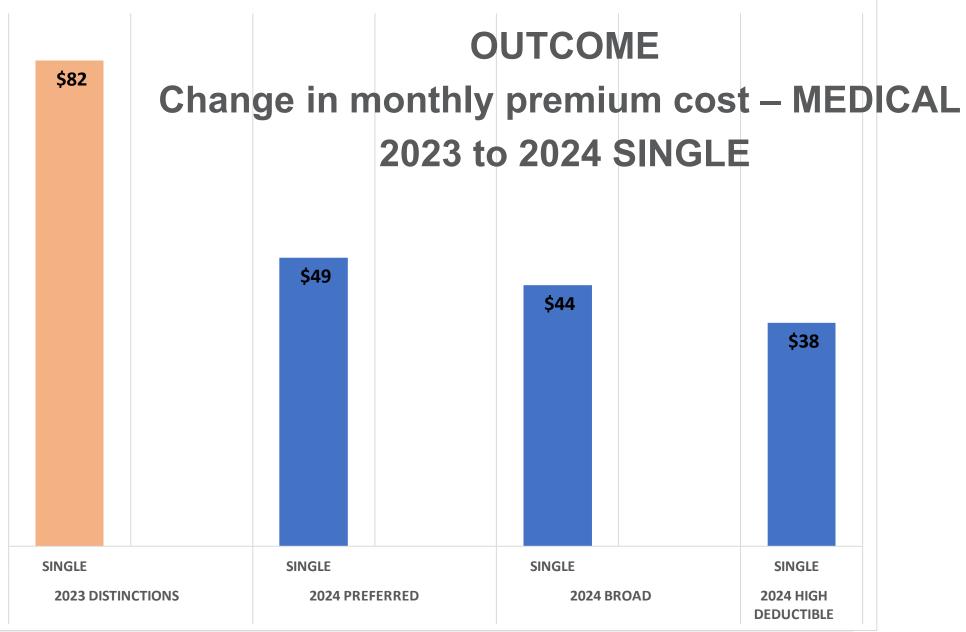
- 1. Four Enrollment Tiers (was 2) Single, Employee + Spouse, Employee + Child(ren), Family
- 2. MEDICAL Blue Cross Blue Shield (was HealthPartners)
  Choose from 3 plans (was 1) and 4 enrollment tiers
  Preferred Plan, Broad Plan or High Deductible plan with HSA contribution (was only Distinctions)
  New Wellness Incentive copay reduction eliminated. Replaced by \$20/month electronic gift card
- DENTAL Metropolitan Life (was HealthPartners)
   Choose from 2 Plans (was 1 Plan with 2 Networks) and 4 enrollment tiers
   Select Plan or Open Plan (was Narrow or Tiered network)
- 4. Voluntary Vision NEW
   VSP Advantage Plan. Employee pays entire monthly premium. 4 enrollment tiers.
- 5. Flexible Spending Accounts WEX (was HealthPartners) UEX Adding administration of Health Savings Accounts for employees who elect the High Deductible Plan

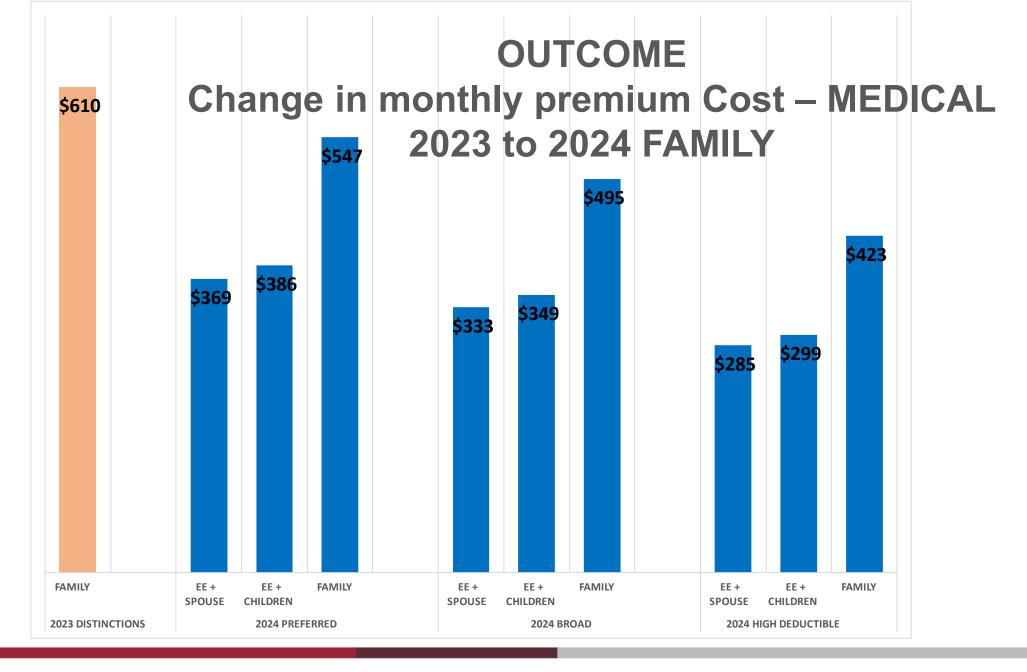












# Medical Monthly Premium Cost Decreasing for all

- Savings ranging from \$33 \$325/monthly (\$396 - \$3900 annually) in monthly premium costs depending on plan and enrollment tier selected
- Employees should consider setting the savings aside towards potentially higher out of pocket cost depending on medical needs



#### **Dental Premiums decreasing**

# Single, Employee + Spouse and Employee + Child(ren) **Increasing slightly for Family**

- Moderate savings from \$2 \$21/monthly (\$24 \$252 annually) in monthly premium costs depending on plan and enrollment tier selected
- 2024 Select Plan, family tier enrollees will experience a slight premium increase by \$4/monthly (\$48 annually).



2-year rate guarantee. No premium rate increases in 2025





#### Scenario: 2024 Additional Enrollment Tier Impact

**Benefits** 

Enrollment

Susan is single with 2 children. The children's other parent has been insuring the children due to the current monthly cost of the county's family plan, \$610/month

For 2024 Susan can insure the children for a total monthly cost of \$299-\$386 depending on the plan selected.





It's great that monthly premiums are decreasing but what costs will increase?

Some employees will realize increased out of pocket costs depending on which of the 3 new medical and 2 new dental plans they select AND how often they and their dependents need health care.

# Potential Increased out of pocket costs Deductibles, co-insurance, max out of pocket

- The 3 new plans have different out of pocket costs than the current HealthPartners Distinctions Plan
- Preventative care still covered 100%
- Copays only still for routine office visits. Copays count towards deductible.
- In the Broad Plan, the deductible only applies to inpatient and outpatient hospital services and some specialty services.
- Out of pocket cost for hospital and some specialty services will increase



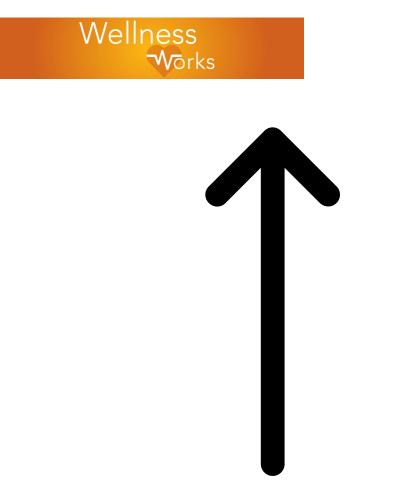


Out of pocket cost for hospital and some specialty services

Monthly Premium Cost



## 2024 New Wellness Incentive Increase



- Instead of a \$20 copay reduction only realized when seeking care
- ALL enrolled employees and spouses who meet established wellness criteria can redeem digital gift cards of up to \$20/month in the Blue Cross Blue Shield Blue Advisor portal. Criteria and portal access will be available in early January 2024.
- Access to discounts on wellness products

2023 Incentive for completing Healthy Benefits Employees who completed the HealthPartners Healthy Benefits program by 9/30/23 will receive \$125 (taxed) on a paycheck by the end of April 2024.



Section 2

## **2024 Benefit Changes Review**



### **Medical Coverage Choices**

#### Choose from three plans –

- 1. Preferred High Value Network
- 2. Broad Aware Network
- 3. High Deductible Aware Network

#### Choose from four enrollment tiers –

- 1. Single
- 2. Employee + Spouse
- 3. Employee + Child(ren)
- 4. Family (ee, spouse, child(ren))



Detailed Summary of Benefits Covered are available for review at <u>www.ramseycounty.</u> <u>us/openenrollment</u> or from department PBTA

#### Email 2024InsuranceQuestions@ramseycounty.us

	2024 M	edical Plans	Blue Cross Blue Shield		1-844-348-0582 Customer Service	
BlueCross BlueShield	PREFERRED PLAN		BROAD PLAN		HIGH-DEDUC	
Minnesota	High Value Provider Network		Aware Provider Network		Aware Provider Network	
	Tight value FT0		Aware Frond		Aware Frond	
Description of Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Narrow Network	Out-of-Network	Broad National Network	Out-of-Network	Broad National Network	Out-of-Network
Annual Deductible						
Single	\$0	\$750	\$600	\$1,800	\$1,600 (Minimum Allowed)	\$4,800
Employee + Spouse	\$0	\$2,100	\$1,200	\$3,600	\$3,200 (Minimum Allowed)	\$9,600
Employee + Child(ren)	\$0	\$2,100	\$1,200	\$3,600	\$3,200 (Minimum Allowed)	\$9,600
Family	\$0	\$2,100	\$1,200	\$3,600	\$3,200 (Minimum Allowed)	\$9,600
Out-of-Pocket Maximum (Rx + Med)						
Single	\$3,000	\$6,000	\$4,500	\$9,000	\$6,000	\$12,000
Employee + Spouse	\$6,000	\$12,000	\$9,000	\$18,000	\$12,000	\$24,000
Employee + Child(ren)	\$6,000	\$12,000	\$9,000	\$18,000	\$12,000	\$24,000
Family	\$6,000	\$12,000	\$9,000	\$18,000	\$12,000	\$24,000
Savings Account	:			· · · · · · · · · · · · · · · · · · ·	HSA Eli	
Health Savings Account	None	None	None	None	(Monthly County conti	
Professional Services					· · · · · · · · · · · · · · · · · · ·	,
Preventive Care						
* Well-child Care to age 6	100% coverage (no deductible)	100% coverage (no deductible)	100% coverage (no deductible)	100% coverage (no deductible)	100% coverage (no deductible)	100% coverage (no deductible)
* Preventive Care age 6 and over	100% coverage (no deductible)	40% (after deductible)	100% coverage (no deductible)	40% (after deductible)	100% coverage (no deductible)	40% (after deductible)
* Pre-natal Care	100% coverage (no deductible)	`100% coverage (no deductible)	100% coverage (no deductible)	`100% coverage (no deductible)	100% coverage (no deductible)	`100% coverage (no deductible)
Primary Care Office Visit	\$25 copay (no deductible)	40% (after deductible)	\$30 Copay (no deductible)	40% (after deductible)	20% after deductible	40% (after deductible)
Specialist Office Visit	\$40 copay (no deductible)	40% (after deductible)	\$50 Copay (no deductible)	40% (after deductible)	20% after deductible	40% (after deductible)
Urgent Care	\$40 copay (no deductible)	\$80 copay (no deductible)	\$50 Copay (no deductible)	\$100 copay (no deductible)	20% after deductible	40% (after deductible)
Convenience Clinics	\$10 copay (no deductible)	40% (after deductible)	\$10 Copay (no deductible)	40% (after deductible)	20% after deductible	40% (after deductible)
Hospital Services		· · · · · · · · · · · · · · · · · · ·		· · · · · ·		· · · · · · · · · · · · · · · · · · ·
Inpatient Hospital Visit	\$250 copay (no deductible)	40% (after deductible)	20% after deductible	40% (after deductible)	20% after deductible	40% (after deductible)
Outpatient Visit	\$100 copay (no deductible)	40% (after deductible)	20% after deductible	40% (after deductible)	20% after deductible	40% (after deductible)
Emergency Room	\$150 copay (n	o deductible)	\$150 copay (no	o deductible)	20% after d	eductible
Prescription Drugs		·			Deductible then	
Generic Preferred	\$10 copay per prescription	40% (after deductible)	\$10 copay per prescription	40% (after deductible)	\$10 copay per prescription	40% (after deductible)
Generic Non-Preferred	\$15 copay per prescription	40% (after deductible)	\$15 copay per prescription	40% (after deductible)	\$15 copay per prescription	40% (after deductible)
Brand Preferred	\$25 copay per prescription	40% (after deductible)	\$25 copay per prescription	40% (after deductible)	\$25 copay per prescription	40% (after deductible)
Brand Non-Preferred	\$35 copay per prescription	40% (after deductible)	\$35 copay per prescription	40% (after deductible)	\$35 copay per prescription	40% (after deductible)
Speciality	20% (to \$200 max per prescription)	40% (after deductible)	20% (to \$200 max per prescription)	40% (after deductible)	20% (to \$200 max per prescription)	40% (after deductible)
Total Monthly Premium by Tier	Single \$975.59 Employee + Spouse \$2,048.75 Employee + Child(ren) \$2,146.31 Family \$3,219.46			Single \$881.67 mployee + Spouse \$1,851.51 Jloyee + Child(ren) \$1,939.67 Family \$2,909.51	Single \$754.50 Employee + Spouse \$1,585.00 Employee + Child(ren) \$1,660.50 Family \$2,490.50	
Employee Monthly Premium	Single \$48.78 Employee + Spouse \$368.78 Employee + Child(ren) \$386.34 Family \$547.32		Single \$44.08 Employee + Spouse \$333.28 Employee + Child(ren) \$349.14 Family \$494.62		Single \$37.72 HSA \$60 Employee + Spouse \$285.30 HSA \$125 Employee + Child(ren) \$298.90 HSA \$125 Family \$423.38 HSA \$125	

#### <u>1-844-348-0582 – BCBS</u> <u>Customer Service</u>

#### Detailed Summary of Benefits Covered

www.ramseycounty. us/openenrollment

#### or from department PBTA

#### **Employee Packet** mailed to homes

#### **Medical Plan Definitions (back of plan document)**

**Network**: facilities, providers, and suppliers contracted by health insurance carriers or plans and agree to provide services at a reduced cost to members covered by the insurance companies. Narrow network: limited choice of lower cost network providers compared to traditional PPO network options (broad network). These may be structured as a subset of providers within a broader network of comprise the entire network of providers.

**Preventive care**: services provided at no charge when delivered by a network provider such as screenings, check-ups, and patient counselling to prevent illness, disease, or other health problems.

**Deductible**: the out-of-pocket expense an insured must pay in a plan year before the medical plan begins to share the cost of a claim (coinsurance).

**Copayment**: a fixed dollar amount an insured pays for covered health related services, usually paid when a service is received.

**Coinsurance**: a share of cost for covered health related services, calculated as a percentage of the allowed amount. Typically applied after the deductible has been met.

**Out-of-pocket maximum**: the maximum amount paid by the insured before insurance pays 100% of all reasonable medical expenses for the year. Types: individual, true family or embedded family

**Emergency Room Services**: exempt services from network rules when an emergency medical condition exists.

**Health Savings Account (HSA)**: tax-advantaged spending account that allow members enrolled in a High Deductible Health Plan to save pre-tax money for future medical expenses. The IRS sets contribution limit per plan year.

### **PLAN STAGES**

#### DEDUCTIBLE

STAGE 1

Each year, you pay for all covered medical services until you meet your deductible. That amount depends upon your plan.

Does not apply to Preventive care (covered at 100%) or routine office visits (copay only).

#### COINSURANCE

STAGE 2

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum.

Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

#### OUT-OF-POCKET MAXIMUM

**STAGE 3** 

Once you've reached the out-of-pocket maximum, the health plan pays all your covered medical costs for the remainder of the plan year.\*







# **Plan Comparison**

read more in the online Reference Guide - <u>www.ramseycounty.us/openenrollment</u>

## **Preferred Plan**

High Value Network Works best for employees currently treating with providers in the High Value Network or who are willing and able to change doctors

Lowest out of pocket cost when seeking care

- A narrow network plan that does not include HealthPartners hospitals and clinics or Mayo Clinic.
- Provides coverage levels (out of pocket cost) closest the current Distinctions plan. Zero deductible for narrow network services. Out of pocket max for medical and pharmacy services of \$3,000 for Single coverage, and \$6,000/family for all other enrollment tiers.

Detailed Summary of Benefits Covered www.ramseycounty.us/openenrollment

<u>1-844-348-0582 – BCBS</u> <u>Customer Service</u> Detailed Summary of Benefits Covered <u>www.ramseycounty.us/openenrollment</u>

# **Plan Comparison**

<u>1-844-348-0582 – BCBS</u> <u>Customer Service</u>

## **Broad Plan**

Aware Network Works best for employees currently treating with HealthPartners providers or with Providers not in the High Value Network

# Mid level out of pocket cost when seeking care

- Network most closely matches the current
   Distinctions network. Includes HealthPartners'
   hospitals and clinics and in-network access
   to Mayo Clinic.
- In-network annual deductible for hospital services and some specialty services of \$600 Single coverage and \$1,200/family for all other enrollment tiers.
- The out-of-pocket max for combined medical and pharmacy services is \$4,500 for Single coverage, and \$9,000/family for all other enrollment tiers.

To avoid disruption, if no other plan is selected in Summit by 11:59pm on Wednesday, November 15, 2023, employees and any dependents currently enrolled in the HealthPartners Distinctions medical plan will be auto enrolled in the Broad plan.

# **Plan Comparison**

# **High Deductible Plan**

Aware Network

Works best for employees without anticipated medical expenses beyond preventive care AND for employees who already have a Health Savings Account

Highest out of pocket cost when seeking care

### + HSA

- Broad Aware Network access includes HealthPartners' hospitals and clinics and in-network access to Mayo Clinic.
- Provides the minimum deductible allowed by IRS requirements, \$1,600 for Single coverage and \$3,200 for all other enrollment tiers.
- The combined out of pocket max for medical and pharmacy services is \$6,000 for Single and \$12,000 for all other enrollment tiers.
- A monthly tax-free contribution from the county to an employee-owned Health Savings Account is included. \$60 for Single, \$125 for all other enrollment tiers.
- Enrolled employees can also contribute to the account up to IRS limits pre-tax (\$3430 Single \$6800 all other enrollment tiers) and can combine with other health savings accounts they may have.

### Health Savings Account ("HSA") Advantages

- Personal savings account employee owned
  - Employer contribution \$60/mo single \$125/mo all other tiers
- Balance rolls over annually
- Accumulates interest investment options managed online
- Retirement savings tool
- Employee contributions allowed up to IRS annual max can be changed/started/stopped throughout year without qualifying event
  - Single max \$3,430/yr all other enrollment tiers max \$6,800/yr
- Can be paired with a limited Flexible Spending Account for dental and vision expenses



## **2024 PLAN OPTIONS**

	Lowest monthly				
	Closest out of pocket to Distinctions	Closest network to Distinctions	Premium Highest out of pocket		
EXAMPLE	HVN \$0 DEDUCTIBLE COPAY PLAN PREFERRED PLAN	AWARE \$600 DEDUCTIBLE BROAD PLAN	AWARE \$1,600 HDHP HSA-ELIGIBLE		
	In Network				
Deductible	Individual \$0 Family \$0	Individual \$600 Family \$1,200	Individual \$1,600 Family \$3,200		
Medical coinsurance	0% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance		
Out-of-pocket maximum Medical and prescription combined	Individual \$3,000 Family \$6,000	Individual \$4,500 Family \$9,000	Individual \$6,000 Family \$12,000		
Preventive and well-baby care	0%	0%	0%		
Office visits – primary care	\$25 copay	\$30 copay	Deductible then 20% coinsurance		
Emergency room care	\$150 copay	\$150 copay	Deductible then 20% coinsurance		
Pharmacy – Retail (31-day limit) Tier 1 (preferred generic) Tier 2 (non-preferred generic) Tier 3 (preferred brand) Tier 4 (non-preferred brand)	\$10 copay \$15 copay \$25 copay \$35 copay	\$10 copay \$15 copay \$25 copay \$35 copay	Deductible then \$10 copay Deductible then \$15 copay Deductible then \$25 copay Deductible then \$35 copay		

1-844-348-0582 – BCBS Customer Service



Don't all employees already contribute 1% of gross salary to a Health Savings Account?

- No
- Instead, all benefit eligible employees hired on or after 1/1/06, contribute 1% of gross regular salary pre-tax to a Health Care Savings Plan (HCSP).
- The HCSP can only be used to pay for eligible health care expenses at retirement.
- Plan administered by the Minnesota State Retirement System.
- Cannot contribute more than 1% (unless their union contract provides for more).



#### How do employees determine if their doctors are in the BCBS High Value or Aware Network?

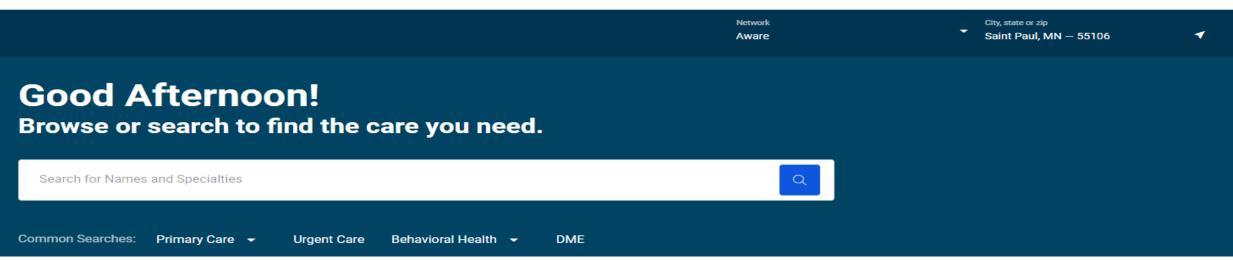
#### 2024 Insurance Benefits | RamseyNet

### Finding a Provider:

- Find a Doctor | Blue Cross MN
- Find a Dentist (metlife.com)
- Find an Eye Doctor Near Me | Optometrists
   & Ophthalmologists (vsp.com)

#### 1-844-348-0582 BCBS Customer Service





#### Find a Doctor | Blue Cross MN

- ✓ Preferred Plan = High Value Network
- ✓ Broad Plan = Aware Network
- ✓ High Deductible Plan = Aware Network

### Medical Insurance – Finding a Provider





ISEY COUNTY

Besides provider network access, what else should I consider when selecting a plan?

Evaluate differences between monthly premiums and the out-of-pocket costs for the Preferred, Broad, and High Deductible Plan and existing provider BCBS network participation

What's more important to you?

- Existing Provider relationship?
- Monthly premium?
- Out of pocket cost for hospital and specilty services?



What if I have a surgery scheduled for 2024 or am currently pregnant?

Transition of Care BCBS of MN Customer Service 1-844-348-0582 Monday—Friday from 7am to 8pm





What if I have ongoing need for medications in 2024 already approved by HealthPartners?

Reapproval by BCBS will be required Talk with your physician

**Rx Coverage** 

Find a Pharmacy or Drug | BCBSMN

(bluecrossmn.com)

1-844-348-0582

Email 2024InsuranceQuestions@ramseycounty.us 39





# Scenario 1

- Susan currently covers her 2 teenage children on the family plan.
- During open enrollment, Susan enrolls in the Broad Plan taking employee + children.





# **Scenario 2**

- Susan currently covers her spouse and three children on the family plan.
- During open enrollment, Susan enrolls in the Preferred Plan taking family coverage.





# **Scenario 3**

- Susan currently covers her spouse on the family plan.
- During open enrollment, Susan enrolls in the High Deductible Plan.

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# **Scenario 4**

- Susan currently covers herself on the employee only plan.
- During open enrollment, Susan enrolls in the High Deductible plan but does not need care; and
- Susan gets married in January of 2024 and enrolls her spouse and herself in the Preferred plan.
- Susan has a baby in November and enrolls her family in the Preferred plan.



## **Dental Coverage Choices**



#### Choose from two plans –

- 1. Select
- 2. Open



#### Choose from four enrollment tiers –

- 1. Single
- 2. Employee + Spouse
- 3. Employee + child(ren)
- 4. Family (ee, spouse, child(ren))



# A plan that offers savings, choice and anywhere, anytime service<sup>1</sup>



**Negotiated fees typically** 35% to 50% less than the average charges in the same area<sup>2</sup>



Flexibility to go to any dentist – in or out of the network

	. <u>+</u>
$\bigcap$	

**Choose from a large network** of carefully selected participating dentists<sup>3</sup>

_	Ŀ	

**Easy access** to pre-treatment estimates, real-time claims processing and 24-hour customer service by phone, fax or online



Plus access to **international dentists in more than 200 countries** through MetLife's International Dental Travel Assistance Program<sup>4</sup>





PDP Plus network Plan Comparison

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	\$1,000	\$1,000	\$1,000	\$1,000
for dependents under age 19				
This is an overview of MetLife coverage. Out of network coverage is available in both plans.				
For exact coverage terms and conditions consult your plan materials or call Member Services at				

800-GET-MET8

Select Plan Employee Monthly Premium

Single	\$20.64
Employee + Spouse	\$33.3
Employee + Child(ren)	\$36.8
Family	\$55.30

Single \$18.78

**Open Plan Employee Monthly Premium** Employee + Spouse \$30.50 Employee + Child(ren) \$33.42 Family \$50.44



To avoid disruption, if no other plan is selected in Summit by 11:59pm on Wednesday, November 15, 2023, Employee and any dependents currently enrolled in the HealthPartners Tiered Plan for dental will be auto-enrolled in the MetLife Open Plan.

Employees currently enrolled in the HealthPartners Narrow Plan for dental will auto-enroll in the MetLife Select Plan.





## **Open Plan benefit plan design for Ramsey County employees**

Services Provided OPEN and SELECT Plan	In Network: Percentage of Negotiated Fee	Out Of Network: Percentage of Reasonable & Customary (R&C) <sup>5</sup>
Type A: Preventive Services •Exams •X-rays •Cleanings •Root Canal •Periodontics •Oral Surgery •Amalgam Fillings	100% No Deductible	100% No Deductible



L0323029809[exp0325][All States][DC,GU,MP,PR,VI] Metropolitan Life Insurance Company, New York, NY 10166 © 2023 MetLife Services and Solutions, LLC.

### **<u>1-800-GET-MET8</u>**



# The plans seem very similar in coverage—What's the primary difference?

- Annual maximum \$2000/Select and \$1200/Open
  - Any major restoration needed?
- Monthly cost
  - The select plan is only a few dollars more/month and has a higher annual max (\$2000 v. \$1200)
- **Provider In-Network access** 
  - Out-of-network is allowed for both plans

## **Find a Dental Provider**

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.







How can we help	Find a Dentist 🗲	Find a Vision Provider >
you?	Open Enrollment >	Customers >
	Legislative Updates >	Register for MyBenefits >
	Show More +	





Select "PDP Plus" next to "Choose your network."

Enter your Zip, City or State and select the "Find a Dentist" button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.





L0323029809[exp0325][All States][DC,GU,MP,PR,VI] Metropolitan Life Insurance Company, New York, NY 10166 © 2023 MetLife Services and Solutions, LLC.

## "If I need a crown..."\*

## **1-800-GET-MET8**



	Employee A goes in-network	Employee B goes out of network
Dentist's usual charge	\$1,361.00	\$1,361.00
Negotiated fee	\$694.00	N/A
R&C fee <sup>3</sup>	N/A	\$1,361.00
The plan pays	\$347.00	\$680.50
	Employee A pays \$347.00	Employee B pays \$680.50



L0323029809[exp0325][All States][DC,GU,MP,PR,VI] Metropolitan Life Insurance Company, New York, NY 10166 © 2023 MetLife Services and Solutions, LLC.



Will my HealthPartners dentist be considered in-network in either of the new MetLife plans, Select or Open?

### No

HealthPartners doesn't allow their dentists to participate in other networks. The Open plan provides the same coverage level for out of network dentists as in network dentists.





Preventative is covered under both the **Open and Select Plans at 100% but does** the value of Preventative Care count against my annual maximum?

No

#### RAMSEY COUNTY

#### Email 2024InsuranceQuestions@ramseycounty.us



My dependent got braces under HealthPartners dental, will the MetLife plans cover ongoing care?

Yes. Subject to the lifetime max of \$1000. HealthPartners will communicate the amount used through 12/31/23 to MetLife and the remaining balance will be available for use in 2024.



# **Voluntary Vision Plan - NEW**

# **vsp** vision care

### Advantage Plan –

Provides coverage for one annual eye exam and other eye-related services and savings for prescription eyewear, lenses and contact lenses (materials).

### Choose from four enrollment tiers –

- 1. Single
- 2. Employee + Spouse
- 3. Employee + child(ren)
- 4. Family (ee, spouse, child(ren))

1-800-877-7195 or vsp.com





	VSP Advantage Plan		
Exam Services			
Exam Frequency	Once per year		
Exam Copay	\$0.00		
-			Total Emp
Frames			Month
Frame Frequency	Once every other year		Premiu
Frame Allowance	Featured brands covered at \$225; \$175 otherwise	Single	<mark>\$5.84</mark>
Lenses		Employee + Spouse	¢44.70
Lens Frequency	Once every plan year		\$11.70
Single Vision	\$25.00		
Bifocal	\$25.00	Employee + Child(ren)	\$12.50
Trifocal	\$25.00		
Progressives	\$25.00	Family	\$20.00
Lenticular	\$25.00		
Polycarbonate for Children	Yes		
Contact Lens Allowance	\$175.00	1-800-877-7195 oi	vsp.com
Other*			
Lasik or PRK	15-20% off retail price or 5% off promotional price		
Hearing aid discounts	N/A		
Diabetic Eye Care	N/A		



Will the BCBS plans still cover one preventative eye exam each year? Yes

If I elect the VSP vision plan and also have a BCBS medical plan, which plan covers the annual preventative eye exam?

You may submit one preventative eye exam to VSP and one preventative eye exam to BCBS each year. Be sure to evaluate the level of coverage and covered providers in each plan prior to seeking services.



# **2024 Pre-Tax Benefits**

#### 1-844-561-1337 or wexinc.com

#### Customerservice@wexhealth.com

- Medical, dental and vision monthly premiums can be deducted pre-tax. 2023 pre-tax elections for medical and dental premiums will continue automatically unless waived during open enrollment. Elect or change pre-tax deductions for medical, dental or vision during open enrollment.
- Flex Spending Account Administration WEX (previously HealthPartners)
  - 2024 pre-tax Health Care and Dependent Care election amounts must be entered in Summit by November 15, 2023 at 11:59pm or participation will be terminated/waived.
  - 2024 maximum monthly contribution amounts for single or married couples who file taxes jointly are estimated to be: Health Care: \$3200, Dependent Care \$5000, transportation \$300.
  - Employees who enroll in the High Deductible Health plan with a Health Saving Account are only eligible to enroll in the Limited Purpose Flex Spending Account per IRS regulations.





# What's a limited purpose flex spending account?

- Pairs with a Health Savings Account
- Can only be used for dental or vision (including Lasik) expenses per Internal Revenue Service Code, Section 213.
- Refer to the IRS Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans) for additional guidance.



# How will the annual carryover work?

Unused 2023 Health Care contributions will be carried over to 2024 up to \$500.

Pending County Board approval, unused 2024 Health Care contribution will NOT carry forward to 2025 due to IRS regulations.



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# Life Insurance – MN Life (no change)



• 2024 rates remain the same.

<u>1-866-365-2374 (MN Life)</u>

- The optional supplemental life insurance maximum for employees will increase to \$750,000 (previously \$500,000) and to \$500,000 (previously \$250,000) for spouses. Evidence of insurability may be required.
- Spouse includes domestic partner.
- Lifestyle benefits are available to all employees and their families at no additional cost including beneficiary counseling, will preparation, and travel assistance. Explore <u>https://securian.com/ramsey-insurance</u>.

## Life Insurance – MN Life (no change)

One-time opportunity during Open Enrollment to elect or increase supplemental life coverage without Evidence of Insurability. Employees may elect up to \$40,000 (not to exceed \$100,000 when combined with current coverage) and Spouses may elect up to \$10,000 (not to exceed \$50,000 when combined with current coverage). See examples below. Elections must be in \$1000 increments.

Current Supplemental Life	Maximum Election without Health Questions (Guaranteed)	Total Supplemental Life
\$0	\$40,000	\$40,000
\$60,000	\$40,000	\$100,000
\$80,000	\$20,000	\$100,000
\$100,000+	Elections require health questions & underwriting approval	

#### EMPLOYEE ELECTION EXAMPLES



#### SPOUSE ELECTION EXAMPLES

Current Supplemental Life	Maximum Election without Health Questions (Guaranteed)	Total Supplemental Life
\$0	\$10,000	\$10,000
\$20,000	\$10,000	\$30,000
\$40,000	\$10,000	\$50,000
\$50,000+	Elections require health questions & underwriting approval	

#### 1-866-365-2374 (MN Life)



# Disability Insurance Madison National/NIS (no change)

- Basic Long-Term Disability (LTD) all eligible employees auto enrolled. Includes Identity Theft Protection. Optional buy-up available.
- Short-Term Disability (STD) is voluntary. Review sick leave balances when selecting either the 30, 60, or 90-day elimination period.
- Optional LTD and STD cost reductions for 2024.



Questions

Life Insurance or Disability?

1-866-365-2374 (MN Life)

Lifebenefits.com/continue Policy 27957 Access Key: ramseycty

> 1-800-627-3660 NIS (Disability)



Section xx

# **Open Enrollment**









# 2024 Open Enrollment

- November  $8^{th} 15^{th}$
- <u>Register for one in-person or virtual</u> information session.
- Review online digital information prior
  - County Website <u>https://www.ramseycounty.us/employees</u>
     /employee-open-enrollment-2024 <u>benefits</u>
- Auto enrollment for employees enrolled in 2023 medical and dental coverage to avoid disruption.
- Single <u>and</u> all other premium deductions will be split between two pay periods per month



#### BENEFITS MEETING SCHEDULE

Register for an employee benefits meeting to learn more about the new plans for 2024.

Oct. 24	9-10:30 a.m., 1-2:30 p.m., 3-4:30 p.m. <i>(choose one session)</i> Maplewood YMCA Conference Center, 2100 White Bear Ave N		
Oct. 30	10-11:30 a.m.	Metro Square, Lower Level Auditorium	
Nov. 1	2-3 p.m.	Government Center East, Room 7600	
Nov. 2	7:30-9 a.m.	Public Works, Marsden Room	
Nov. 7	1:30-3 p.m.	Law Enforcement Center, Training Room A&B	
Nov. 8	1-2:30 p.m.	Metro Square, Lower Level Auditorium	
Nov. 8	6-8 p.m.	Virtual	
Nov. 9	10-11:30 a.m.	Courthouse, Basement Room 40 A&B	
Nov. 9	2-3 p.m.	Correctional Facility, 1st Floor Training room	

ramseynet.us/OpenEnrollmentSessions

# APPENDIX





#### How do health accounts compare?

A summary of the main features of each type of health account, and how some accounts can work together.

	Health Savings Account	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
How it works	A personal savings account that helps you save for out-of- pocket medical expenses when you have a qualified high- deductible health plan.	Allows you to set aside pre-tax dollars to help pay for qualified medical expenses that occur during a 12-month period.	Like a Health Care FSA, but typically offered in combination with an HSA. Can only be used for qualified dental and vision expenses.	A reimbursement account that uses pre-tax dollars for dependent care expenses including daycare, after- school care and adult care.
Who owns the account	You do. You can take it with you, even if you retire, change jobs or health plans.	Employer owns the account	Employer owns the account	Employer owns the account
Type of health plan required	A qualified High Deductible Health Plan (HDHP)	No health plan required	Used in combination with an HSA and HDHP	No health plan required
Who can contribute?	You and your Employer (if eligible) can contribute	You can contribute	You can contribute	You can contribute
Annual maximum contribution limits	Typically changes annually. and contribution limits are set by the IRS.	Based on plan rules, but typically changes annually.	Based on plan rules, but typically changes annually.	Based on plan rules, but typically changes annually.
When is the money in your account available for use?	Funds are available as soon as contributions are deposited into your account throughout the year.	The full contribution amount is available on the first day of coverage in your plan year.	The full contribution amount is available on the first day of coverage in your plan year.	Funds are available as soon as contributions are deposited into your account throughout the year.
Do unused funds in your account carry over to the next year?	Yes, unused balances carry over. It's yours to keep and you never lose it, even if you change jobs or stop working.	No, funds must be used during the plan year.	No, funds must be used during the plan year.	No, funds must be used during the plan year.
Ability to invest funds/earn interest	Yes, if the account balance exceeds \$1,000. And money in your account earns interest tax-free. *	No	No	No
Can it be combined with another health account?	Yes, with an LPFSA and/or DCFSA.	Yes, with a DCFSA.	Yes, with a DCFSA or HSA.	Yes, with a Health FSA, LPFSA, or an HSA.
What are the tax advantages? *	<ol> <li>Offers a triple tax advantage:</li> <li>Pre-tax contributions.</li> <li>Potential for tax-free interest and investment earnings.</li> <li>Tax-free withdrawals for qualified medical expenses.</li> </ol>	Contributions you make to your account that are used to pay for qualified medical, dental and vision expenses are tax free.	Contributions you make to your account that are used to pay for qualified dental and vision expenses are tax free.	Contribution you make to your account that are used to pay for qualified dependent care or adult care expenses are tax free.

## RESOURCES

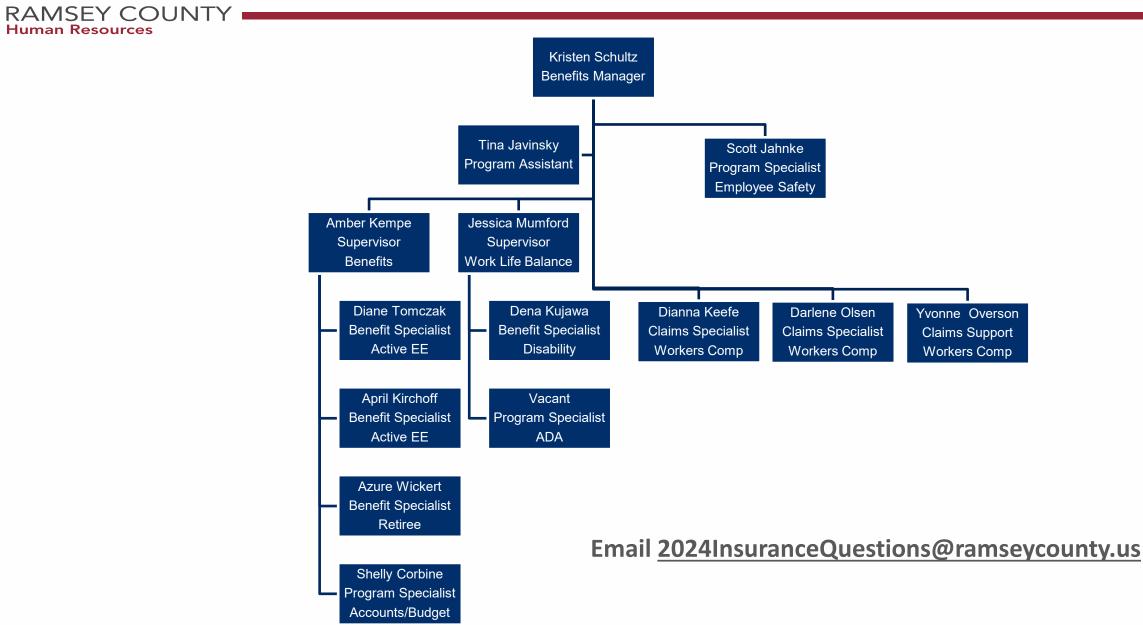
www.ramseycounty.us/openenrollment 2024InsuranceQuestions@ramseycounty.us **Department PBTA Department Benefits Specialist** 1-844-348-0582 – BCBS Customer Service 1-800-GET-MET8 – MetLife (Dental) 1-800-877-7195 or vsp.com (Vision) 1-844-561-1337 or wexinc.com (Flex Spending) 1-866-365-2374 (MN Life) 1-800-627-3660 (NIS - Disability)





Department	РВТА	
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	

Department	РВТА	
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	



#### **Department Benefit Specialist Support**

Diane Tomczak, 6-2734

- Community Corrections
- Courts
- Economic Growth & Community Dev.
- Lake Owasso
- Human Resources
- Libraries
- Parks and Recreation
- Property Management
- Public Health
- Veterans Service
- Workforce Solutions

#### Shelly Corbine, 6-2923

- Board of Commissioners
- Communications
- County Assessor
- County Attorney
- County Manager
- Emergency Communication
- Emergency Management
- Finance
- FAS
- HWAD
- Information Services
- Medical Examiner
- PTRES
- Public Defender
- Public Works
- Sheriff's Office
- Social Services

Employee Insurance	Work Life Balance	Administration & Safety
Amber Kempe SUPERVISOR 6-2927 Medical, Dental, Vision plans Open enrollment Vendor relationships Wellness program Tuition Reimbursement	Jessica Mumford SUPERVISOR 6-2729 • Employee Leaves • ADA Accommodations • Return to Work • Equity Analysis • Workers Compensation	Kristen Schultz MANAGER 6-2924 Benefit Contracts Benefits Policies Employee Safety Workers Compensation
Diane Tomczak BENEFITS SPECIALIST Active Employee Benefits by Dept 6-2734 • ACA reports • AD&D • Average Hours Worked • Cafeteria Plan • COBRA Administration • Death Claims	Dena Kujawa BENEFITS SPECIALIST Disability 6-2733 • Long Term Disability • Short Term Disability • PERA Life	Scott Jahnke PROGRAM ADMINISTRATOR Occupation Health & Safety 6-2929 • Employee Safety • OSHA Compliance • DOT Drug & Alcohol Testing • Safety inspections • Safety committees • Ergonomic assessments • Workplace Emergencies
April Kirchoff BENEFITS SPECIALIST Active Employee Benefits by Dept 6-2722 • Dependents Aging-Off	Dianna Keefe CLAIMS SPECIALIST Work Comp Claims by Dept 6-2921	Root cause analysis
<ul> <li>Dependents Aging-Off</li> <li>Disconnected events</li> <li>Health Care Savings Plan</li> <li>HealthPartners reconciliation</li> <li>Termination process</li> </ul>	Darlene Olsen CLAIMS SPECIALIST Work Comp Claims by Dept 6-2926	Tina Javinsky PROGRAM ASSISTANT Administration 6-2931 • Contract Administration
Azure Wickert BENEFITS SPECIALIST Retiree Benefits 6-2731 Shelly Corbine PROGRAM ADMINISTRATOR	<b>Yvonne Overson</b> CLAIMS INTAKE Work Comp Claim Intake, Support 6-2925	<ul> <li>Employee Safety Support</li> <li>Pre-Hire Testing Program</li> <li>OSHA Recordkeeping</li> <li>RamseyNet HR Pages</li> <li>LMS Trainings</li> <li>Systems support</li> </ul>
Benefit Accounts and Budget 6-2923		