

2024 City of Saint Peter Benefit Summary



Table of Contents

Benefits Overview	3
Medical Benefits	4
2024 Rates and Contribution for Health Insurance	5
Value Adds	6
Employee Assistance Program	6
HSA Account	7
VEBA Account	7
FSA – Health and/or Dependent Care Reimbursement	8
Dental Benefits	9
Life and Accidental Death & Dismemberment Insurance	9
Voluntary Life and AD&D Insurance	10
Short-Term Disability Insurance	11
Voluntary Long-Term Disability Insurance	12
Voluntary Vision Insurance	13
Critical Illness Insurance	14
Accident Insurance	16
Hospital Care Insurance	19
PERA	21
MN Deferred Compensation Plan	21
Leave Time	21
Contact Information	22
Annual Notices	23

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

The City of Saint Peter is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical), and the City of Saint Peter provides other benefits at no cost to you (life, accidental death and dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through City of Saint Peter payroll deductions.

Benefits Offered

- Medical
- Health Savings Account
- VEBA
- Dental
- Life Insurance/AD&D
- Voluntary Life and AD&D
- Vision
- Short-Term Disability
- Long-Term Disability
- Critical Illness Insurance
- Accident Insurance
- Hospital Insurance
- FSA (Health and/or Dependent Care Reimbursement)
- PERA Life

Eligibility

Full-time Employee: Works at least forty scheduled hours per week on a regular basis and/or is designated by Council resolution as a full-time employee. Is eligible for benefits described in this policy with whatever timing or experience restrictions apply to those benefits.

Part-time Employee: Works less than forty hours per week on a regularly scheduled basis and is designated by Council resolution as a part-time employee. If working 30 or more hours per week on a regularly scheduled basis within a single job description, is eligible for benefits and payment of accrual level proportional to that of a full-time, forty hour per week employee. For example, a part-time employee working 32 hours per week on a regularly scheduled basis would be eligible for benefits at an 80.0% rate or 32/40 of the full-time rate.

Late Enrollment: 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 during the annual open enrollment period.

There may be additional situations when you are eligible to enroll yourself and any eligible dependents after the first 31 days of eligibility. If you have questions, contact the Plan Sponsor.

Newborn Enrollment: Newborn infants (including a newborn grandchild of a covered grandparent) and a newly adopted child, may be covered, regardless of when notice is received by the Plan Sponsor. However, the Plan Sponsor must receive required payments, if any, from the date of eligibility for a newborn infant (including a newborn grandchild of a covered grandparent) and a newly adopted child, before benefits will be paid. You must notify the Plan Sponsor immediately of any change of eligibility of a Covered Dependent.

Employee Portal:

Get benefits information anytime, anywhere at <https://cityofstpeter.benefithub.com>.

Edit Help

Dear City Employee:

The City of Saint Peter is pleased to provide you with this benefits portal.
See More from your City Administrator

For any questions on the information provided, please click [here](#) or call **507-934-0664 ext 732**

City of Saint Peter Employee Resource Center

Medical Benefits

Administered by Medica

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Employees can access, view and print their member ID card anytime, from any computer by signing into www.medica.com.

Summary of Benefits and Coverage

Employees may view the Summary of Benefit and Coverage (SBC) for each of the three Medica health insurance plan designs offered through the City of Saint Peter on Benefit Hub or request a paper copy from Human Resources.

Carrier	Medica		
Plan	\$1,000 Deductible	\$1,850 VEBA	\$3,500 HSA or VEBA
IN-NETWORK PLAN DESIGN FEATURES			
Creditable vs. Not Creditable	Creditable	Creditable	Creditable
Deductible CY	\$1,000/person \$2,000/family	\$1,850/person \$3,700/family	\$3,500/person \$7,000/family
Coinsurance	80%/20%	100%/0%	100%/0%
Medical Out-of-Pocket Maximum	\$2,000/person \$4,000/family	\$1,850/person \$3,700/family	\$3,500/person \$7,000/family
MEDICAL			
Preventative Care	100% coverage	100% coverage	100% coverage
Office Visit & Urgent Care	80% coverage after deductible	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	80% coverage after deductible	100% after deductible	100% after deductible
Lab, Pathology, X-ray and other Imaging	80% coverage after deductible	100% after deductible	100% after deductible
Inpatient & Outpatient Hospitalization	80% coverage after deductible	100% after deductible	100% after deductible
Emergency Room Facility	80% coverage after deductible	100% after deductible	100% after deductible
PRESCRIPTION DRUGS			
Generic Drugs	\$8 copay per prescription/ 31-day Retail \$16 copay per prescription/ 93-day mail order	100% after deductible (31-day Retail & 93-day mail order)	100% after deductible (31-day Retail & 93-day mail order) Preventive: No charge. Deductible does not apply
Preferred Brand Drugs	\$20 copay per prescription/ 31-day Retail \$40 copay per prescription/ 93-day mail order	100% after deductible (31-day Retail & 93-day mail order)	100% after deductible (31-day Retail & 93-day mail order) Preventive: No charge. Deductible does not apply
Non-Preferred Brand Drugs	\$35 copay per prescription/ 31-day Retail \$70 copay per prescription/ 93-day mail order	100% after deductible (31-day Retail & 93-day mail order)	Not covered
Specialty Drugs	Preferred : \$200 copay per prescription, then 20% Non-preferred : 40%	100% after deductible	100% after deductible

2024 Rates and Contribution for Health Insurance

\$1,000 Deductible		
	Employer Contribution per Month	Employee Cost per Month
Single	\$1,115.71	\$0.00
Employee + 1	\$2,254.69	\$311.00
Family	\$3,313.38	\$368.00

\$1,850 VEBA			
	Employer Contribution per Month	Employee Cost per Month	VEBA Employer Contribution per year
Single	\$1,077.01	\$0.00	\$1,200
Employee + 1	\$2,165.66	\$311.00	\$2,250
Family	\$3,185.63	\$368.00	\$2,250

\$3,500 HSA or VEBA			
	Employer Contribution per Month	Employee Cost per Month	VEBA or HSA Employer Contribution per year
Single	\$915.46	\$0.00	\$2,400
Employee + 1	\$1,794.16	\$311.00	\$4,000
Family	\$2,652.60	\$368.00	\$4,000



Value Added Programs

Administered by Medica

My Health Rewards

Whether you want to eat healthier, sleep more, stress less or get fit. My Health Rewards helps you take small steps to reach your health goals. Steps, Sleep, Calories. Track one or all of these to make steady progress toward health improvements and earn rewards. The My Health Rewards program is compatible with many fitness tracking devices and mobile apps. We'll help you make small, everyday changes to your well-being that are focused on the areas you want to improve the most. If you haven't already, download the Virgin Pulse app to access your My Health Rewards account on the go and keep track of your progress, activity and more.

Self Care by AbleTo

Self Care by AbleTo gives access to clinically-proven techniques for dealing with stress, anxiety, depression. Coping tools, meditations and Guided Journeys offer support needed to feel better.

Ovia Health

Ovia Health supports you through your entire parenthood journey. The Ovia Health apps offer personalized guidance, support and coaching to help achieve your health goals, from fertility health tracking, to getting pregnant, to navigating pregnancy, postpartum and parental wellness. You'll have access to enhanced and personalized Ovia Health features including one-on-one coaching, symptom tracking, return-to-work tools and more. Simply download the app that's right for you and enter your health plan information for immediate access to these enhanced resources.

Life Time Digital Fitness

Get active anywhere, anytime with Life Time Digital app membership at no cost to you. Life Time Digital Fitness program is a new on-demand streaming digital fitness program available Jan. 1, 2024. The program includes both on-demand and live virtual classes, digital wellness content, meditations, and resources for all fitness levels.

Omada

You can help reduce your risk for chronic disease through Omada for Prevention, a digital lifestyle change program. Combining the latest technology with ongoing personal support, you can make the change that matter most—whether that's around eating, activity, sleep or stress. It's an approach that can help you lose weight and reduce your risks for type 2 diabetes and heart disease. If you or your adult dependents are Medica members and are at risk for type 2 diabetes or heart disease, Omada is available at no additional cost. Take a one-minute online health assessment to see if you're eligible for this program. Go to OmadaHealth.com/Medica.

EAP (Employee Assistance Program)

Administered by Medica

When you need help with life's challenges — whether it's personal, financial or legal concerns — call the Medica® Optum® Employee Assistance Program (EAP). Master's level specialists can help you find answers and resources to tackle the tough issues you and your family face. This service is available at no additional cost to you, as part of your benefit plan. Your call and conversations with EAP specialists are kept confidential, in accordance with the law.

With EAP, you have access to:

- Five counseling sessions per issue per year covered at 100%.
- Legal and mediation services to help with will and trust preparation, child support or custody concerns, divorce, adoption and more. You receive a 30-minute legal consultation at no cost (in person or over the phone). If you decide to hire an attorney, you'll get a 25% discount.
- Financial advisor support to help with debt, financial planning, foreclosure and more.
- Child care referrals and support to help take care of elderly parents.
- Community resources, like support groups.
- An online resource, LiveAndWorkWell.com. Access a robust collection of interactive resources and information that will help you with the every-day challenges of work and life. Enter the access code "MEDICA" when you visit the site.
- Help with dependency issues, like alcohol, tobacco, gambling or drugs.
- Education resources and career consulting

EAP specialists are available anytime, 24 hours a day, 365 days a year at 800-626-7944.

HSA Account

Administered by WEX

HSA contributions are from pretax dollars. For 2024, the maximum contributions into the HSA as established by the US Department of Treasury are:

- \$4,150 single coverage
- \$8,300 family coverage (including single+spouse and single+children coverage).

Employees age 55 and older who are covered by one of the HSA high deductible health plans (HDHP) can make additional catch-up contributions of up to \$1,000 each year until they enroll in Medicare.

Your contribution into your HSA earns interest along with the employer contribution. HSA payroll deduction's can be changed quarterly and money you put into your HSA is not use it or lose it like a FSA account. For more information see the HSA webinar on the employee portal.

HSA Contributions—Who is Eligible?

Employee must be enrolled in the HDHP

Employee cannot be:

- Covered by other non-qualified HDHP including traditional health plans, FSA, HRA, or spouse's health and/or FSA plans
- Enrolled in Medicare
- Claimed as a dependent on another's tax return
- Covered under TRICARE.

Health FSA coverage is allowed if:

- Limited to dental or vision, or
- Pays only after minimum HDHP deductible is satisfied

Withdrawals

Withdrawals for qualified expenses are tax-free

- May be reimbursed for expenses for yourself, spouse and tax dependents
- Do not need to submit proof of eligible expenses at time of withdrawal
- Keep receipts in case of audit
- File form 8889 with your income tax returns

Withdrawals for non-qualified expenses are taxable and subject to 20% penalty. No penalty if:

- Account holder has turned 65
- Account holder becomes disabled
- Upon account holder's death

VEBA Account

Administered by WEX

Contributions are made by the employer only. Money left at the end of the year will rollover to save for health care expenses in future years. Money can also be used to pay medical premiums (post employment - prior to age 65).

To use your VEBA account money for spouse/tax dependent not covered by your City health plan, you need to complete the VEBA Add Dependent Form. (This only applies to your VEBA account, not FSA or HSA accounts.)

FSA – Health and/or Dependent Care Reimbursement

Administered by WEX

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

The Flexible Spending Account allows you to set aside "pre-tax" dollars to pay for:

- Dependent Care Expenses (up to a maximum of \$5,000 per year)
- Health Care Reimbursement (up to a maximum of \$2,500 per year, with the ability to roll over \$500 per year)
- Limited Scope Reimbursement for vision and dental only (up to a maximum of \$2,500 per year)

Here's How an FSA Works

1. You decide the annual amount (up to \$2,500 or \$5,000 based on account type) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

Go to www.wexinc.com for more information.

NOTE: *If you participate in the HSA health plan you may ONLY participate in the Limited Scope Reimbursement Plan for vision and dental claims, and not the Health Care Reimbursement plan. You may also participate in the Dependent Care Reimbursement Plan.*

Dental Benefits

Administered by Simple

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Saint Peter dental benefit plan.

The following is an overview of your Simple coverage. For exact coverage terms and conditions, consult your plan materials or call Member Services at 800.270.4158. For more information on filing a claim or checking on the status of a claim visit www.simple.us.

Voluntary Dental Plan through Simple		
Plan Year	The dental plan year is from January 1, 2024 to December 31, 2024	
Annual Maximum	Plan pays \$1,250	
Plan Design	The plan pays 100% of first \$250, then 60% of next \$1,666.67. No deductible.	
ORTHODONTICS		
Orthodontic care for all ages	No coverage	
2024 Simple Dental Premiums		
	Employee Cost	Employer Cost
Single	\$0.00	\$34.54
Family	\$0.00	\$92.10

Life and Accidental Death & Dismemberment Insurance

Insured by Sun Life Financial

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by City of Saint Peter. The City pays for \$20,000 of Basic Life Insurance for eligible employees.

Basic Group Term Life Insurance

- Accidental Death and Dismemberment (AD&D) insurance would pay an additional benefit, up to the amount of your Life Benefit, if you suffer a covered loss due to an Accidental Injury.
- Accelerated Benefits help offset expenses at a critical time. You may collect a portion of your benefits during your lifetime if you become terminally ill.
- If you leave, you may be able to convert your group life coverage to Individual Life insurance. See your employer for details.
- As part of the Life Insurance plan, Sun Life offers a no charge Travel Assist and ID Theft Protection program.

How to Enroll

Basic group term life coverage begins automatically once you meet the eligibility requirements and satisfy any waiting period applicable to your policy. You'll need to designate beneficiaries for your basic life benefits using our Beneficiary Designation form or Group online Enrollment form. Check with your employer for the necessary forms and for additional coverage options that may be available

Log-in to the employee benefits portal for much more information on this benefit. Download and print forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

Voluntary Life and AD&D Insurance

Insured by Sun Life Financial

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible.

For you: An amount between \$5,000 and \$500,000 in increments of \$5,000. Guaranteed Issue Amount is \$100,000.

For your spouse: An amount up to \$250,000, in increments of \$5,000. Guaranteed Issue Amount is \$25,000.

For your dependent child(ren): An amount of \$10,000 for each eligible child from birth to 26 years.

Features of the Plan

Your employer's plan includes Optional Accidental Death and Dismemberment (AD&D) Insurance which would pay an additional benefit, up to the amount of your Optional Life benefit, if you suffer a covered loss due to accident. The plan also includes many special features including Waiver of Premium and Accelerated Benefits.

How to Enroll

Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by your employer or enroll online (if available). Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

Optional Life Rates		
Age	Employee and Spouse	Child(ren)
	Monthly Cost per \$1,000 of coverage	Monthly Cost
Under 25	\$0.053	\$1.30/month per family for \$10,000
25-29	\$0.053	
30-34	\$0.053	
35-39	\$0.097	
40-44	\$0.108	
45-49	\$0.152	
50-54	\$0.229	
55-59	\$0.416	
60-64	\$0.636	
65-69	\$1.208	
70-74	\$1.945	

* Employee and Spouse rates based on employee's/spouse's age as of January 1st.

For Complete Plan Details

This information is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions.

Receipt of this information does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer. For additional information and forms please visit the employee portal.



Short-Term Disability Insurance

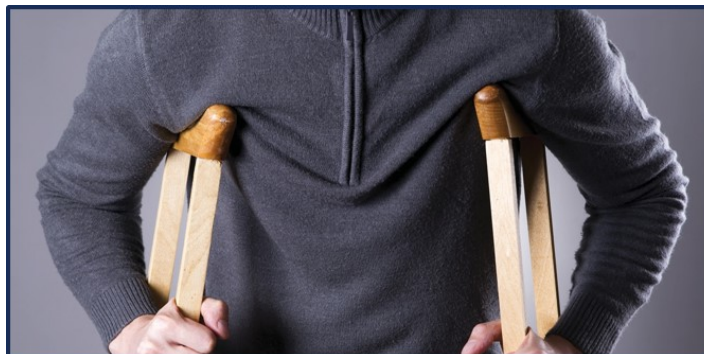
Insured by Sun Life Financial

- Protect your income for the first 3 months of a disability with Short-Term Disability insurance.
- Benefits begin on the 1st day of an accident and the 8th day of an illness and can be payable up to 13 weeks.
- You may **select your level of coverage** from weekly benefits of \$100 to \$2,000 in \$100 increments, not to exceed 60% of weekly gross earnings.
- **OPEN ENROLLMENT** – Employees may sign up or increase without providing proof of good health. The amount of benefit is subject to the normal 6/6/12 pre-existing condition limitation.
- Benefit + sick leave cannot exceed 100% of pre disability earnings.

Full plan details, forms and additional information can be found on the employee resource center:

<https://cityofstpeter.benefithub.com>.

Monthly Premium Cost – Employee Paid											
If your annual salary is at least	You may select a weekly benefit of	Age on January 1									
		0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$8,667	\$100	\$2.44	\$4.84	\$6.78	\$3.19	\$4.35	\$4.74	\$6.11	\$7.55	\$8.62	\$10.91
\$17,333	\$200	\$4.88	\$9.68	\$13.56	\$6.38	\$8.70	\$9.48	\$12.22	\$15.10	\$17.24	\$21.82
\$26,000	\$300	\$7.32	\$14.52	\$20.34	\$9.57	\$13.05	\$14.22	\$18.33	\$22.65	\$25.86	\$32.73
\$34,667	\$400	\$9.76	\$19.36	\$27.12	\$12.76	\$17.40	\$18.96	\$24.44	\$30.20	\$34.48	\$43.64
\$43,333	\$500	\$12.20	\$24.20	\$33.90	\$15.95	\$21.75	\$23.70	\$30.55	\$37.75	\$43.10	\$54.55
\$52,000	\$600	\$14.64	\$29.04	\$40.68	\$19.14	\$26.10	\$28.44	\$36.66	\$45.30	\$51.72	\$65.46
\$60,667	\$700	\$17.08	\$33.88	\$47.46	\$22.33	\$30.45	\$33.18	\$42.77	\$52.85	\$60.34	\$76.37
\$69,333	\$800	\$19.52	\$38.72	\$54.24	\$25.52	\$34.80	\$37.92	\$48.88	\$60.40	\$68.96	\$87.28
\$78,000	\$900	\$21.96	\$43.56	\$61.02	\$28.71	\$39.15	\$42.66	\$54.99	\$67.95	\$77.58	\$98.19
\$86,667	\$1,000	\$24.40	\$48.40	\$67.80	\$31.90	\$43.50	\$47.40	\$61.10	\$75.50	\$86.20	\$109.10
\$95,333	\$1,100	\$26.84	\$53.24	\$74.58	\$35.09	\$47.85	\$52.14	\$67.21	\$83.05	\$94.82	\$120.01
\$104,000	\$1,200	\$29.28	\$58.08	\$81.36	\$38.28	\$52.20	\$56.88	\$73.32	\$90.60	\$103.44	\$130.92
\$112,667	\$1,300	\$31.72	\$62.92	\$88.14	\$41.47	\$56.55	\$61.62	\$79.43	\$98.15	\$112.06	\$141.83
\$121,333	\$1,400	\$34.16	\$67.76	\$94.92	\$44.66	\$60.90	\$66.36	\$85.54	\$105.70	\$120.68	\$152.74
\$130,000	\$1,500	\$36.60	\$72.60	\$101.70	\$47.85	\$65.25	\$71.10	\$91.65	\$113.25	\$129.30	\$163.65
\$138,667	\$1,600	\$39.04	\$77.44	\$108.48	\$51.04	\$69.60	\$75.84	\$97.76	\$120.80	\$137.92	\$174.56
\$147,333	\$1,700	\$41.48	\$82.28	\$115.26	\$54.23	\$73.95	\$80.58	\$103.87	\$128.35	\$146.54	\$185.47
\$156,000	\$1,800	\$43.92	\$87.12	\$122.04	\$57.42	\$78.30	\$85.32	\$109.98	\$135.90	\$155.16	\$196.38
\$164,667	\$1,900	\$46.36	\$91.96	\$128.82	\$60.61	\$82.65	\$90.06	\$116.09	\$143.45	\$163.78	\$207.29
\$173,333	\$2,000	\$48.80	\$96.80	\$135.60	\$63.80	\$87.00	\$94.80	\$122.20	\$151.00	\$172.40	\$218.20



Voluntary Long-Term Disability Insurance

Insured by Sun Life Financial

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. LTD provides income replacement benefits for you in the event you are unable to work due to an accident or sickness. All eligible employees are insured through this program. Please contact your HR department for full details.

Benefit Amount: You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.

Benefit Waiting Period: Benefits begin on the 91st day of disability

To view more information related to this plan, including obtaining a claim form, visit the employer portal.

Voluntary Long-Term Disability Rates	
Age	Rate per Month per \$100 of LTD Benefit
0-24	\$0.26
25-29	\$0.27
30-34	\$0.35
35-39	\$0.41
40-44	\$0.61
45-49	\$1.05
50-54	\$1.28
55-59	\$1.60
60-64	\$1.71
65-69	\$1.71



Voluntary Vision Insurance

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Service	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	N/A	N/A
Lenses — once every 12 months		
Single Vision Lenses	\$25 materials copay	\$30
Lined Bifocal Lenses	\$25 materials copay	\$50
Lined Trifocal Lenses	\$25 materials copay	\$65
Lenticular Lenses	\$25 materials copay	N/A
Frames — once every 24 months	\$25 materials copay; \$150 allowance; 20% off balance over \$150	\$70 allowance
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	Up to \$150 allowance	\$105
Rates		
Employee		\$6.10
EE + Spouse		\$12.20
EE + Child(ren)		\$13.04
Family		\$20.86

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.



Critical Illness Insurance

	Benefit Amount	Guaranteed Issue Amount
Employee	\$15,000	Up to \$10,000
Spouse	50% of employee amount	Up to \$5,000
Children	25% of employee amount	All guaranteed issue

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information

Covered Illnesses and Events		Benefit Amount %
Invasive Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 30 days or more.	100%
Kidney Failure	Chronic, irreversible. Requires hemo—or peritoneal dialysis.	100%
Major Organ Transplant	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 100% 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor	25%*

*If less than 100% of the benefit amount is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.

Refer to the policy for definitions of terms and full conditions.

Additional Benefits	
Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain \$75 blood tests.
Additional Critical Illness Benefit	Benefit for the diagnosis of a subsequent and different covered condition. Payable after a 6 month Separation Period from diagnosis of 1st covered illness.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same covered condition. Payable after a 12 month Separation Period from diagnosis of previous covered illness.
Wellness Benefit	\$75 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Full plan details, forms and additional information can be found on the employee resource center: <https://cityofstpeter.benefithub.com>.

Monthly Cost of Coverage – Employee Paid Benefit Amount: \$10,000				
Age	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
	Uni-Smoker	Uni-Smoker	Uni-Smoker	Uni-Smoker
<25	\$5.82	\$10.39	\$6.19	\$10.76
25 to 29	\$6.59	\$11.55	\$6.97	\$11.92
30 to 34	\$8.52	\$14.30	\$8.90	\$14.68
35 to 39	\$11.73	\$19.18	\$12.10	\$19.55
40 to 44	\$15.00	\$24.18	\$15.37	\$24.55
45 to 49	\$21.57	\$34.27	\$21.94	\$34.64
50 to 54	\$29.49	\$47.60	\$29.87	\$47.97
55 to 59	\$39.41	\$64.34	\$39.79	\$64.72
60 to 64	\$50.53	\$82.90	\$50.90	\$83.27
65 to 69	\$62.42	\$100.39	\$62.79	\$100.76
70 to 74	\$87.29	\$138.29	\$87.66	\$138.67
75 to 79	\$121.61	\$182.09	\$121.99	\$182.46
80 to 84	\$153.67	\$223.14	\$154.04	\$223.51
85 to 89	\$189.66	\$293.71	\$190.04	\$294.09
90 to 94	\$189.66	\$293.71	\$190.04	\$294.09
95+	\$189.66	\$293.71	\$190.04	\$294.09



Accident Insurance

Plan pays a lump sum cash benefit direct to the insured (Employee) for a broad range of accident treatments and conditions, based on the schedule below. Other enhancements will be defined in the policy.

This is a group accident Off-the-job insurance policy. Benefits provided are not intended to cover all medical expenses. This is not a substitute for comprehensive health insurance.

Initial Care And Emergency Care		
Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam	\$10	\$25
Ground / Water Ambulance	\$100	\$200
Air Ambulance	\$300	\$600

Refer to the policy for definitions of terms and full conditions.

Hospitalization		
If a benefit is payable under the Hospital Stay Benefit as well as under the Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, which is the greater amount.		
Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Hospital Admission Benefit Waiting Period 0 days	\$500	\$1,500
Hospital Stay Benefit Waiting Period 0 days Maximum Benefit Period 365 days	\$100 per day	\$300 per day
Intensive Care Unit Stay Benefit Waiting Period 0 days Maximum Benefit Period up to 365 days	\$200 per day	\$400 per day

Refer to the policy for definitions of terms and full conditions.

Fractures				
Must be diagnosed and treated by a physician within 90 days of a Covered Accident				
Benefit Type	Benefit Amount			
	Plan 1		Plan 2	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Skull	\$1,000	\$2,000	\$2,000	\$4,000
Hip or Thigh	\$1,000	\$2,000	\$2,000	\$4,000
Vertebrae or Pelvis	\$1,000	\$2,000	\$1,500	\$3,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200

Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib More than 1 rib fracture pay 2 times the Benefit Amount	\$100	\$200	\$200	\$400
Coccyx	\$100	\$200	\$200	\$400
Finger More than 1 finger pays 2 times the Benefit Amount	\$50	\$100	\$100	\$200
Toe More than 1 toe fracture pays 2 times the Benefit	\$50	\$100	\$100	\$200
Sternum	\$50	\$100	\$100	\$200
Heel	\$50	\$100	\$100	\$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

Refer to the policy for definitions of terms and full conditions.

Dislocations				
Must be diagnosed and treated by a physician within 90 days of a Covered Accident				
Benefit Type	Benefit Amount			
	Plan 1		Plan 2	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Hip Joint	\$1,000	\$2,000	\$2,000	\$4,000
Knee Joint	\$500	\$1,000	\$1,000	\$2,000
Bones of Foot	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe More than 1 finger or toe pays 2 times the benefit	\$50	\$100	\$100	\$200

Refer to the policy for definitions of terms and full conditions.

Follow Up Care		
Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Follow up Physician Office Visit Benefit is limited to 10 treatments per Accident	\$50	\$100
Follow up Physical Therapy Visits Benefit is limited to 10 treatments per Accident	\$25	\$50

Refer to the policy for definitions of terms and full conditions.

Full plan details, forms and additional information can be found on the employee resource center:
<https://cityofstpeter.benefithub.com>.

Wellness Benefit

This benefit is payable for Wellness Visits, Health Screening Tests, and Preventive Care services once per calendar year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Wellness rider.

Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Wellness	\$50	\$50
Wellness Visit	<ul style="list-style-type: none"> • Well Child Care - Visits, Labs and Immunizations; • Osteoporosis screenings; • Routine gynecological exams; • Routine prostate exams; • General health exams; • Routine Vision and Dental exams; • Lead poisoning screening; • Cancer screenings; and • Adult immunizations 	
Health Screening Tests Include:	<ul style="list-style-type: none"> • Mammography • Pap Smear for women over Age 18 • Flexible Sigmoidoscopy • Hemocult Stool Specimen • Colonoscopy • Prostate Specific Antigen (for prostate cancer) • Stress test on a bicycle or treadmill • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test to determine levels of HDL and LDL • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest X-ray • Serum Protein Electrophoresis (blood test for myeloma) • Thermography 	

Refer to the policy for definitions of terms and full conditions.

Monthly Rates Per Insured Class – Employee Paid

Benefit Type	Benefit Amount	
	Plan 1	Plan 2
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75



Hospital Care Insurance

Summary of Benefits	
Employee Benefit Amount(s)	100% of the Benefit Amount shown
Spouse /Domestic Partner Benefit Amount(s) (Spouse to age 70 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
Age Based Reductions	None on base plan
Coverage	Fixed benefits per schedule below All coverage is Guaranteed Issue—no health history and no pre-existing condition limit

Hospitalization Benefits	
Benefit Type	Benefit Amount HC Plan 1
Hospital Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$1,000 per day
Hospital Chronic Condition Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day
Hospital Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day
Hospital Intensive Care Unit Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
Hospital Observation Stay 1 hour elimination period. Limited to 72 hours.	\$100 per 24-hour period

Refer to the policy for definitions of terms and full conditions.

Benefit – Specific Conditions, Exclusions & Limitations

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 23 hours following the 1 hour elimination period, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Wellness Treatment, Health Screening and Preventative Care Benefit

This coverage is payable if a Covered Person undergoes or receives for Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below.

Benefit Type	Benefit Amount
	Plan 1
Wellness Treatment, Health Screening and Preventive Care Benefit Up to 1 per year <i>Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests</i>	\$50 Per Covered Person per year

Monthly Rates Per Insured Class

Employee Paid Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Composite	\$19.78	\$40.87	\$35.30	\$56.39

Full plan details, forms and additional information can be found on the employee resource center: <https://cityofstpeter.benefithub.com>.



PERA

Provided by Public Employees Retirement Association of Minnesota

- The PERA office in Mankato (Mankato Place, 11 Civic Center Plaza, suite 150) is open 7am to 4:30pm Monday-Friday. Current retirement estimates are always available at www.mnpera.org.

Plan Contributions - 2024

- Police: 11.8% employee, 17.7% employer
- Coordinated plan: 6.5% employee, 7.5% employer

MN Deferred Compensation Plan

Provided by MN State Retirement System (MSRS)

The MN State Retirement System (MSRS) offers to us the MN Deferred Compensation Plan (MNDCP). The MNDCP is a voluntary personal savings/retirement plan, similar to an IRA. Contributions are automatically deducted from your paycheck (minimum of \$10). You can increase, decrease or stop your contribution amount at anytime. You have the flexibility to select from a wide variety of investment options. You may select a pre-tax plan - you don't pay federal or state income taxes until you withdraw from your account. Or you may choose a Roth plan and make after-tax contributions - you pay federal and state income taxes now but pay no income taxes when you withdraw from your account.

More info online at www.msrs.state.mn.us/mndcp.

Leave Time

Leave Time for full-time (40 hour) employees

- **Holidays:** 10 paid holidays per year (see personnel policy for details).
- **Sick Leave:** Leave accrues at 8 hours per month.
- **Vacation:** 84 hours of paid vacation time is accrued in the first year (see personnel policy for details).



Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website
Medical	Medica	800.952.3455	www.medica.com
Spending Accounts	WEX	833.225.5939	www.wexinc.com
Dental	Simple	800.270.4158	www.simple.us
Life and AD&D Insurance	Integrity Employee Benefits	651.437.7977	www.integrityeb.com
Voluntary Life and AD&D Insurance	Integrity Employee Benefits	651.437.7977	www.integrityeb.com
Short-Term Disability Long-Term Disability	Integrity Employee Benefits	651.437.7977	www.integrityeb.com
Vision	Integrity Employee Benefits	651.437.7977	www.integrityeb.com
Critical Illness, Accident and Hospital Insurance	Integrity Employee Benefits	651.437.7977	www.integrityeb.com
PERA	MNPERA	800.652.9026	www.mnpera.org



Annual Notices

Notice of Creditable Coverage

We are required to provide a Medicare Creditable Coverage Notice to any Medicare-eligible members enrolled or seeking enrollment on our medical plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

We are also required to provide this notice which offers information to help employees and their children who are eligible for our health coverage, but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for Minnesota.

Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act Notice outlines your coverage required by federal law in the event of a mastectomy.

HIPAA Special Enrollment Rights

If you are waiving coverage under our medical plan, you may have special enrollment rights if you have a qualified status change.

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

We are required to notify you that you may be eligible for the Federal Public Service Loan Forgiveness program.

Marketplace Notice

We are required to provide this notice as part of the Affordable Care Act. It provides information on the Insurance Marketplace formerly referred to as the Exchange. The three-page notice includes information about health coverage offered by the City. If you need questions 13 through 15 completed you may contact Brenda Isley. Additional information about the federal and state Marketplaces is also available at <https://www.healthcare.gov/>.

Full Notices are included on the following pages.

Notice of Creditable Coverage

Important Notice from City of Saint Peter

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Saint Peter and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Saint Peter has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Saint Peter coverage will not be affected. Your current coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Saint Peter coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Saint Peter and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Saint Peter changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 01, 2024
Name of Entity/Sender: City of Saint Peter
Contact—Position/Office: Brenda Isley - Benefits Manager
Office Address: 227 South Front Street
Saint Peter, Minnesota 56082
United States
Phone Number: 507.934.0664

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840

<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA – Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>

NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women’s Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: MSI Medica Choice Passport ASO 1000-20% Plan (Individual: 80%/20% coinsurance and \$1,000 deductible; Family: 80%/20% coinsurance and \$2,000 deductible)

Plan 2: MSI Medica Choice Passport ASO 1850-0% HSA Plan (Individual: 100%/0% coinsurance and \$1,850 deductible; Family: 100%/0% coinsurance and \$3,700 deductible)

Plan 3: MSI Medica Choice Passport ASO 3500-0% HSA Plan (Individual: 100%/0% coinsurance and \$3,500 deductible; Family: 100%/0% coinsurance and \$7,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 507.934.0664 or brendai@saintpetermn.gov.

HIPAA Special Enrollment Rights

City of Saint Peter Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the City of Saint Peter Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Brenda Isley - Benefits Manager at 507.934.0664 or brendai@saintpetermn.gov.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

City of Saint Peter is committed to the privacy of your health information. The administrators of the City of Saint Peter Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting contact Brenda Isley - Benefits Manager at 507.934.0664 or brendai@saintpetermn.gov.



Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at [StudentAid.gov/publicservice](https://studentaid.gov/publicservice) or contact your federal loan servicer.



Prepared by:



Gallagher

Insurance | Risk Management | Consulting