

# 2025

## City of Saint Peter

### Benefit Summary



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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 13-14 where Notice of Creditable Coverage begin for more details.**

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). 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
- 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://c2mb.ajg.com/cityofstpeter/home/>.

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

## 2025 Rates and Contribution for Health Insurance

| <b>\$1,000 Deductible</b> |  |                                |
|---------------------------|--|--------------------------------|
|                           | <b>Employer Contribution per Month</b> | <b>Employee Cost per Month</b> |
| <b>Single</b>             | \$1,122.92                             | \$0.00                         |
| <b>Employee + 1</b>       | \$2,269.24                             | \$313.00                       |
| <b>Family</b>             | \$3,334.12                             | \$371.00                       |

| <b>\$1,850 VEBA</b> |  |                                |  |
|---------------------|--|--------------------------------|--|
|                     | <b>Employer Contribution per Month</b> | <b>Employee Cost per Month</b> | <b>VEBA Employer Contribution per year</b> |
| <b>Single</b>       | \$1,103.78                             | \$0.00                         | \$1,200.00                                 |
| <b>Employee + 1</b> | \$2,225.22                             | \$313.00                       | \$2,250.00                                 |
| <b>Family</b>       | \$3,270.96                             | \$371.00                       | \$2,250.00                                 |

| <b>\$3,500 HSA or VEBA</b> |  |                                |   |
|----------------------------|--|--------------------------------|---|
|                            | <b>Employer Contribution per Month</b> | <b>Employee Cost per Month</b> | <b>VEBA or HSA Employer Contribution per year</b> |
| <b>Single</b>              | \$978.66                               | \$0.00                         | \$2,400.00  |
| <b>Employee + 1</b>        | \$1,937.50                             | \$313.00                       | \$4,000.00  |
| <b>Family</b>              | \$2,858.12                             | \$371.00                       | \$4,000.00  |



## 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, 2025. 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](https://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](https://LiveAndWorkWell.com). Access a robust collection of interactive resources and information that will help you with the everyday 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 2025, the maximum contributions into the HSA as established by the US Department of Treasury are:

- \$4,300 single coverage
- \$8,550 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
- 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 **\$640** per year)
- Limited Scope Reimbursement for 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](http://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 dental claims, and not the Health Care Reimbursement plan. You may also participate in the Dependent Care Reimbursement Plan.*



# Guide to HSA and VEBA



This guide covers your spending account options. Welcome to your voluntary employees' beneficiary association (VEBA) account and health savings account options, brought to you by Minnesota Healthcare Consortium and administered by WEX Health, Inc. Everything you need is just a tap, click, call, or swipe away. Choose a spending account option at open enrollment that best meets your current needs and retirement goals.

Follow this three-step process to select your benefits.

## Step 1: Choose your High Deductible Health Plan

## Step 2: Understand your health reimbursement account options

Select from two different reimbursement accounts that work with your health plan. Choose the option that fits your current health care spending and retirement planning needs. You and your employer can contribute funds to an HSA, but only your employer can contribute to your VEBA.

### › Introducing the HSA

A health savings account (HSA) is a benefit that allows you to choose how much of your pre-tax dollars you'd like to set aside (up to certain contribution limits), before taxes are taken out, for healthcare expenses, or use as a retirement savings tool.

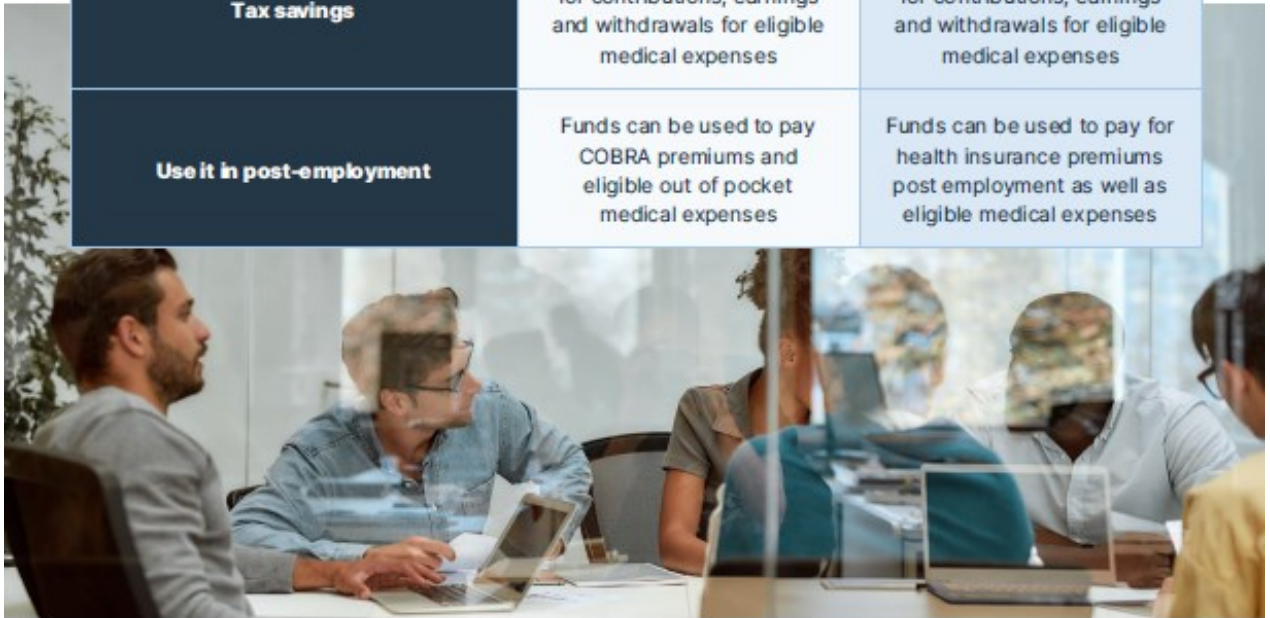
### › Introducing the VEBA

The Voluntary Employee Benefits Association (VEBA) plan is a type of tax-exempt plan used by you and eligible dependents to pay for eligible medical expenses. The VEBA plan is employer-funded. You must be covered by an employer-sponsored health plan to be eligible for VEBA.



## HSA and VEBA Comparison Chart

|   | HSA   | VEBA  |
|---|---|---|
| <b>Contribute your own money</b>  | Yes<br>2025 HSA limits:<br>Single \$4,300 / Family \$8,550                                      | No  |
| <b>Annual contribution limits</b>   | Max set by IRS  | Determined by employer  |
| <b>Use to pay for COBRA if needed</b>   | Yes   | Yes   |
| <b>Invest the dollars in optional mutual funds</b>                            | Yes   | Yes   |
| <b>Use it to pay eligible medical expenses at any time</b>                    | Yes   | Yes   |
| <b>Pay for dependent qualified medical expenses up to their 26th birthday</b> | Must be a tax dependent   | Can use for any medical dependent under age 26  |
| <b>Tax savings</b>  | Triple tax-advantaged for contributions, earnings and withdrawals for eligible medical expenses | Triple tax-advantaged for contributions, earnings and withdrawals for eligible medical expenses             |
| <b>Use it in post-employment</b>  | Funds can be used to pay COBRA premiums and eligible out of pocket medical expenses             | Funds can be used to pay for health insurance premiums post employment as well as eligible medical expenses |



### Step 3: Choose one of the the account options

You can choose the account you'd like your funds to go into. Your employer will contribute the same amount of funds to any account.

#### 100% of funds in VEBA

- 100% of your employer contribution will be placed in an VEBA on your behalf.
- If you choose 100% VEBA, you can also open and contribute to an HSA tax free through your paycheck. Your VEBA is limited to dental and vision expenses only for years you or your employer contribute to an HSA.
- Freeze your VEBA and use just your HSA to save VEBA dollars for post-employment.

#### 100% of funds in HSA

- 100% of your employer contribution goes into an HSA.
- You can add pre-tax payroll deductions up to the IRS contribution limits.

#### After you select your account, here's what you can expect next:

- During open enrollment, if an HSA was selected, select a contribution amount (you can stop, start, or change this at any time).
- Your employer will open an account for you.
- WEX will send you your Visa Debit Card by mail.
- Changes to payroll deductions can be increased, decreased, started, or stopped at anytime through your employer.
- Download the WEX mobile app or use the online portal to view and manage your account.



#### We're here for you

If you would like someone to guide you through these decisions, give us a call. You can speak with one of our specially trained customer service representatives.

**1-866-451-3399**

6a.m. - 9p.m. CST, Monday - Friday

The information in this handout is for educational purposes only. It is not legal or tax advice. For legal or tax advice, you should consult your own counsel.

06/2025



## 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](http://www.simple.us).

| Voluntary Dental Plan through Simple |  |               |
|--------------------------------------|--|---------------|
| <b>Plan Year</b>                     | The dental plan year is from January 1, 2025 to December 31, 2025              |               |
| <b>Annual Maximum</b>                | Plan pays \$1,250  |               |
| <b>Plan Design</b>                   | The plan pays 100% of first \$250, then 60% of next \$1,666.67. No deductible. |               |
| ORTHODONTICS                         |  |               |
| <b>Orthodontic care for all ages</b> | No coverage  |               |
| 2025 Simple Dental Premiums          |  |               |
|                                      | Employee Cost  | Employer Cost |
| <b>Single</b>                        | \$0.00   | \$36.28       |
| <b>Family</b>                        | \$0.00   | \$96.72       |

## 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](http://www.mnpera.org).

### Plan Contributions - 2025

- 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](http://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 | <a href="http://www.medica.com">www.medica.com</a> |
| Spending Accounts | WEX           | 833.225.5939 | <a href="http://www.wexinc.com">www.wexinc.com</a> |
| Dental            | Simple        | 800.270.4158 | <a href="http://www.simple.us">www.simple.us</a>   |
| PERA              | MNPERA        | 800.652.9026 | <a href="http://www.mnpera.org">www.mnpera.org</a> |



## 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 Sally Vogel. 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](http://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](http://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, 2025  
**Name of Entity/Sender:** City of Saint Peter  
**Contact—Position/Office:** Sally Vogel - Director of Finance  
**Office Address:** 227 S Front St  
Saint Peter, Minnesota 56082-2513  
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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –

| ALABAMA – Medicaid   | ALASKA – Medicaid   |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid  | CALIFORNIA – Medicaid   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>  |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)   | FLORIDA – Medicaid  |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268   |

| GEORGIA – Medicaid   | INDIANA – Medicaid  |
|--|---|
| GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br>Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br><a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584  |
| IOWA – Medicaid and CHIP (Hawki)   | KANSAS – Medicaid   |
| Medicaid Website:<br><a href="#">Iowa Medicaid   Health &amp; Human Services</a><br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br><a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br>Hawki Phone: 1-800-257-8563<br>HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br>HIPP Phone: 1-888-346-9562   | Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660   |
| KENTUCKY – Medicaid  | LOUISIANA – Medicaid  |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>              | Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  |
| MAINE – Medicaid   | MASSACHUSETTS – Medicaid and CHIP   |
| Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740<br>TTY: Maine relay 711  | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>  |
| MINNESOTA – Medicaid   | MISSOURI – Medicaid   |
| Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br>Phone: 1-800-657-3672  | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   |
| MONTANA – Medicaid   | NEBRASKA – Medicaid   |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>   | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |
| NEVADA – Medicaid  | NEW HAMPSHIRE – Medicaid  |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |

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| <p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/> Phone: 1-800-356-1561<br/> CHIP Premium Assistance Phone: 609-631-2392<br/> CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/> CHIP Phone: 1-800-701-0710 (TTY: 711)</p>  | <p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/> Phone: 1-800-541-2831</p>   |
| <p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/> Phone: 919-855-4100</p>   | <p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br/> Phone: 1-844-854-4825</p>   |
| <p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/> Phone: 1-888-365-3742</p>  | <p><b>OREGON – Medicaid and CHIP</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> Phone: 1-800-699-9075</p>  |
| <p><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br/> Phone: 1-800-692-7462<br/> CHIP Website:<br/> <a href="http://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a><br/> CHIP Phone: 1-800-986-KIDS (5437)</p> | <p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/> Phone: 1-855-697-4347, or<br/> 401-462-0311 (Direct Rlite Share Line)</p>  |
| <p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/> Phone: 1-888-549-0820</p>   | <p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/> Phone: 1-888-828-0059</p>   |
| <p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br/> Phone: 1-800-440-0493</p>   | <p><b>UTAH – Medicaid and CHIP</b></p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br/> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br/> Phone: 1-888-222-2542<br/> Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br/> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br/> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p> |
| <p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br/> Phone: 1-800-250-8427</p>  | <p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br/> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br/> Medicaid/CHIP Phone: 1-800-432-5924</p>   |
| <p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br/> Phone: 1-800-562-3022</p>   | <p><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br/> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br/> Medicaid Phone: 304-558-1700<br/> CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>  |
| <p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:<br/> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br/> Phone: 1-800-362-3002</p>  | <p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br/> Phone: 1-800-251-1269</p>  |

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](http://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](http://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: \$1,000 Deductible (Individual: 80%/20% coinsurance and \$1,000 deductible; Family: 80%/20% coinsurance and \$2,000 deductible)

Plan 2: \$1,850 VEBA (Individual: 100%/0% coinsurance and \$1,850 deductible; Family: 100%/0% coinsurance and \$3,700 deductible)

Plan 3: \$3,500 HSA or VEBA (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 [sallyv@saintpetermn.gov](mailto:sallyv@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 Sally Vogel - Director of Finance at 507.934.0664 or [sallyv@saintpetermn.gov](mailto:sallyv@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 Sally Vogel - Director of Finance at 507.934.0664 or [sallyv@saintpetermn.gov](mailto:sallyv@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.



## Notes





## Notes



## Notes



Prepared by:



**Gallagher**

Insurance | Risk Management | Consulting