

# 2025

## Benefit Summary



## Benefits Overview

The City of Eagan is proud to offer a comprehensive benefits package to eligible full-time employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and the City of Eagan provides other benefits at no cost to you (life, accidental death & dismemberment and LTD).



### Benefit Plans Offered

- Medical Insurance
- VEBA
- Dental Insurance
- Vision Insurance
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Supplemental Life Insurance
- Flexible Spending Account (FSA)
- Long-Term Disability
- Employee Assistance Program (EAP)
- Voluntary Life Insurance
- Voluntary Accidental Death & Dismemberment Insurance
- Voluntary Legal Plan (Full time employees only)
- Accident Insurance

### Eligibility

You and your dependents are eligible for the City of Eagan benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse and children to age 26 through the calendar month of the birthday.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

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.

## Medical Benefits

Administered by Blue Cross and Blue Shield of Minnesota

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.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the City of Eagan.

The City of Eagan offers you a choice of 3 medical plans through the Aware National Network.

If you use in-network providers, your costs will be less.

|   | Aware National Network                                       |  |  |
|---|--|--|--|
|   | Copay Plan   | VEBA Plan #1   | VEBA Plan #2   |
|   | In-Network<br>MN Network — Blue-Card<br>PPO                  | In-Network<br>MN Network — Blue-Card<br>PPO                  | In-Network<br>MN Network — Blue-Card<br>PPO                  |
| Calendar Year Deductible With 4th quarter carryover feature<br>The in and out-of-network deductibles accumulate separately.   | \$0 Single<br>\$0 Family                                     | \$1,500 Single<br>\$3,000 Family                             | \$1,500 Single<br>\$3,000 Family                             |
| Calendar Year Out-of-Pocket Maximum<br>The in and out-of-network maximums accumulate separately. Non-covered charges and charges in excess of our allowed amount do not apply to the out-of-pocket maximum. | Medical and Prescription<br>\$1,000 Single<br>\$5,000 Family | Medical and Prescription<br>\$3,000 Single<br>\$6,000 Family | Medical and Prescription<br>\$1,500 Single<br>\$3,000 Family |
| Coinsurance   | 100%   | Deductible then 80% coinsurance.                             | Deductible then 100% coinsurance.                            |
| Lifetime Maximum per Person   | Unlimited  | Unlimited  | Unlimited  |
| Dependent Child Age Limit   | To age 26 through the calendar month of the birthday         | To age 26 through the calendar month of the birthday         | To age 26 through the calendar month of the birthday         |
| <b>COVERED CHARGES</b>  |  |  |  |
| <b>PREVENTIVE CARE</b>  |  |  |  |
| Well Child Care through age 5   | 100%   | 100%   | 100%   |
| Prenatal Care   |  |  |  |
| Routine Physicals ages 6 and older  |  |  |  |
| Office Visits   |  |  |  |

|   | Aware National Network   |   |   |
|---|--|---|---|
|   | Copay Plan   | VEBA Plan #1                                | VEBA Plan #2                                |
|   | In-Network<br>MN Network — Blue-Card<br>PPO  | In-Network<br>MN Network — Blue-Card<br>PPO | In-Network<br>MN Network — Blue-Card<br>PPO |
| <b>PREVENTIVE CARE CONTINUED</b>                          |  |   |   |
| Cancer Screening  |  |   |   |
| Routine Hearing and Vision Exams                          | 100%   | 100%  | 100%  |
| Immunizations and Vaccinations                            |  |   |   |
| <b>PHYSICIAN SERVICES</b>                                 |  |   |   |
| In-Hospital Medical Visits                                |  |   |   |
| Surgery and Anesthesia                                    |  |   |   |
| Inpatient Lab and X-rays, etc.                            | 100%   |   |   |
| Outpatient Lab and X-ray                                  |  | Deductible then 80%<br>coinsurance          | Deductible then 100%<br>coinsurance         |
| Allergy Injections and Serum                              |  |   |   |
| Office Visits due to Illness or Injury                    |  |   |   |
| Urgent Care (Clinic Based)                                | 100% after \$20 copay  |   |   |
| <b>OTHER PROFESSIONAL SERVICES</b>                        |  |   |   |
| Chiropractic Care   |  |   |   |
| Physical Therapy, Occupational Therapy,<br>Speech Therapy | 100% after \$20 copay for office<br>visits. All other services subject to<br>deductible then 100% coinsurance. | Deductible then 80%<br>coinsurance          | Deductible then 100%<br>coinsurance         |
| Home Health Care  | 100%   |   |   |
| <b>OUTPATIENT HOSPITAL SERVICES</b>                       |  |   |   |
| Diagnostic Tests  |  |   |   |
| Pre-Admission Tests and Exams                             |  |   |   |
| Lab and X-Ray   |  |   |   |
| Chemotherapy and Radiation<br>Therapy                     |  |   |   |
| Physical, Occupational and Speech<br>Therapy              | 100%   | Deductible then 80%<br>coinsurance          | Deductible then 100%<br>coinsurance         |
| Kidney Dialysis   |  |   |   |
| Scheduled Outpatient Surgery                              |  |   |   |
| Non-emergency—Illness Related visits                      |  |   |   |
| Urgent Care (Hospital based)                              |  |   |   |

|  | Aware National Network  |   |   |
|--|---|---|---|
|  | Copay Plan  | VEBA Plan #1  | VEBA Plan #2  |
|  | In-Network<br>MN Network — Blue-Card<br>PPO                       | In-Network<br>MN Network — Blue-Card<br>PPO                       | In-Network<br>MN Network — Blue-Card<br>PPO                       |
| <b>EMERGENCY CARE</b>  |   |   |   |
| Emergency Room   | 100% after \$55 copay   | Deductible then 80% coinsurance                                   | Deductible then 100% coinsurance                                  |
| Physician Services   | 100%  | Deductible then 80% coinsurance                                   | Deductible then 100% coinsurance                                  |
| Ambulance<br>Medically necessary transport to nearest<br>facility          | 80%   | Deductible then 80% coinsurance                                   | Deductible then 100% coinsurance                                  |
| Medical Supplies   | 80%   | Deductible then 80% coinsurance                                   | Deductible then 100% coinsurance                                  |
| <b>BEHAVIORAL HEALTH CARE (MENTAL HEALTH AND CHEMICAL DEPENDENCY CARE)</b> |   |   |   |
| Inpatient Care   | 100%  | Deductible then 80% coinsurance                                   | Deductible then 100% coinsurance                                  |
| Outpatient Care  |   |   |   |
| Professional Care  | 100% after \$20 copay for office<br>visits                        |   |   |
| <b>PRESCRIPTION DRUGS</b>  |   |   |   |
| Retail—31 day limit<br>100% after Copay                                    | \$10 Generic<br>\$25 Formulary Brand<br>\$50 Non-Formulary Brand  | \$10 Generic<br>\$25 Formulary Brand<br>\$50 Non-Formulary Brand  | \$10 Generic<br>\$25 Formulary Brand<br>\$50 Non-Formulary Brand  |
| 90dayRx—90 day limit (PrimeMail)<br>100% after Copay                       | \$20 Generic<br>\$50 Formulary Brand<br>\$100 Non-Formulary Brand | \$20 Generic<br>\$50 Formulary Brand<br>\$100 Non-Formulary Brand | \$30 Generic<br>\$75 Formulary Brand<br>\$150 Non-Formulary Brand |



## Life and Accidental Death & Dismemberment Insurance

Insured by The Hartford

### Life Insurance

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 the City of Eagan. The City of Eagan provides basic life insurance of 1X annual earnings to a maximum of \$50,000 at no cost to you.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The City of Eagan provides AD&D coverage of 1X annual earnings to a maximum of \$50,000 at no cost to you. This coverage is in addition to your employer-paid life insurance described above.

## Voluntary Life and Accidental Death & Dismemberment Insurance

Insured by The Hartford

As an employee of the City of Eagan, you have the opportunity to purchase Supplemental Life/AD&D insurance on yourself, spouse, and dependent children. During your initial enrollment period upon hire, you may purchase up to the guarantee issue amount of \$250,000 on yourself, \$50,000 on your spouse, and \$20,000 on your dependent children without having to go through the evidence of insurability process. If you elect amounts over the guarantee issue amounts, you will need to complete the Evidence of Insurability (EOI) form and go through medical underwriting for approval.

You can elect Supplemental Life/AD&D insurance:

- Employees: \$10,000 increments up to a maximum of \$500,000
- Spouse: \$5,000 increments up to a maximum of \$250,000 (Not to exceed 100% of EE's Amount)
- Child(ren): \$20,000 flat, life birth to age 26.

## Voluntary Life and AD&D Rates:

| Employee or Spouse's Age | Employee Monthly Rate per \$1,000 |
|--------------------------|-----------------------------------|
| Under 25                 | \$0.050                           |
| 25-29                    | \$0.060                           |
| 30-34                    | \$0.080                           |
| 35-39                    | \$0.090                           |
| 40-44                    | \$0.210                           |
| 45-49                    | \$0.230                           |
| 50-54                    | \$0.370                           |
| 55-59                    | \$0.610                           |
| 60-64                    | \$0.750                           |
| 65-69                    | \$1.310                           |
| 70-74                    | \$2.060                           |
| 75-79                    | \$2.060                           |
| 80+                      | \$2.060                           |
| AD&D Rate                | \$0.020                           |

Note: Premium rates increase with age.

| Child Term Life and AD&D                  |         |
|---|---------|
| Monthly Cost for \$20,000                 |         |
| Insures all eligible children - Life Rate | \$0.100 |
| Insures all eligible children - AD&D Rate | \$0.020 |

### Supplemental Life and AD&D Monthly Premium Calculation Example

A 40-year-old employee elects \$80,000 of Supplemental Term Life and AD&D insurance:

|                           |                              |
|---------------------------|------------------------------|
| Coverage elected          | \$80,000                     |
| Total number of units     | $\$80,000 / 1,000 = 80$      |
| Rate per \$1,000 (age 40) | \$0.14 (from table above)    |
| Rate times # of units     | $\$0.14 \times 80 = \$11.20$ |
| Monthly premium           | = \$11.20                    |

## Long-Term Disability

Administered by The Hartford

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 protections for your most valuable asset—your ability to earn an income. LTD coverage provides income when you have been disabled for 30 days or more. Monthly benefit is 50% of monthly covered salary up to \$6,250.

## FSA

Administered by Wex

The Flexible Spending Accounts enable you to pay for certain out-of-pocket healthcare and dependent day care expenses with tax-free dollars. You can choose to contribute to the Healthcare Spending Account, the Dependent (Day) Care Spending Account, or both through payroll deduction. Participation is voluntary.

When you have a qualified expense, you may use your FSA Debit Card or file for a reimbursement from the appropriate plan by submitting your receipt and claim form. No tax is ever paid on the money deposited or withdrawn from the account(s).

## Healthcare Flexible Spending Account

The maximum calendar year contribution is \$3,200. You may use this account to pay for: deductibles, coinsurance, and copayments for medical, dental and vision plans. Prescription drug copayments. Expenses for eye exams, glasses, and contacts. Hearing exams and hearing aids. Orthodontic services not covered by the dental plan benefits. Expenses that exceed medical and/or dental plan limits.

## Dependent (Day) Care Spending Account

The maximum calendar year contribution is \$5,000. You may use this plan to pay for: Child or adult day care that complies with state and local requirements. Care for an elderly or disabled dependent who spends at least eight hours each day in your home. Payment to a relative who cares for dependents if the relative is age 19 or older and not your dependent for income tax purposes.

## IRS Rules and Tax Considerations

If you are married and file separate income tax returns, you may deposit up \$2,500.

You cannot pay for healthcare expenses with the Dependent (Day) Care Spending Account and vice versa.

## Use It or Lose It...

Federal tax laws require that a Section 125 Plan operate on a “use it or lose it” basis. This means that if you do not use the entire amount available for reimbursement under your Healthcare Reimbursement FSA or Dependent Care Reimbursement FSA for a Plan Year, you will forfeit the unused amount and have no further claim to those monies after the Plan Year ends.

Healthcare Spending Limit: \$3,200

Dependent Care Spending Limit: \$5,000

## VEBA

### Administered by Wex

VEBA stands for Voluntary Employees' Beneficiary Association. It is a trust that is exempt from tax under the IRS code 501(c)(9). The funds in a VEBA are used to reimburse participants for healthcare expenses. The VEBA is a tax-free medical expense account established by your employer on your behalf when enrolling in qualified high deductible health plan tied to an HRA (High Deductible Plan with VEBA).

The City of Eagan will fund the VEBA plan in the amount of \$1,500 for Employee only coverage and \$3,000 for Employee+Spouse, Employee +Child(ren) and Family coverage in quarterly deposits. The annual contribution, funded quarterly, will be deposited into the employee's account. Expenses incurred up to the employee funded amount will be paid through the VEBA first before you or your dependents would experience any out-of-pocket expense. Money not used in your VEBA in any given year will roll over into the next year's balance or may be used for eligible expenses after you terminate employment or retire. Only your employer can contribute to this account and the funds cannot be transferred to any other account.

Healthcare expenses that are eligible for reimbursement are governed by Section 213(d) of the IRS Code. You may view the listing of covered services if you go to [www.irs.gov](http://www.irs.gov) and look up publication 502 for a listing of all covered services.

| ANNUAL CITY OF EAGAN VEBA CONTRIBUTION |                     |                    |
|--|---------------------|--------------------|
|  | Total Annual Amount | Quarterly Deposits |
| Employee only                          | \$1,500             | \$375              |
| Employee + Spouse                      | \$3,000             | \$750              |
| Employee + Children                    | \$3,000             | \$750              |
| Family                                 | \$3,000             | \$750              |

## Employee Assistance Program

### Administered by LifeWorks

Find out more about all the ways that LifeWorks can help you and your family.

Whether you're coping with stress at work, having trouble with a relationship, or coping with a health issue or a personal problem, LifeWorks is here for you. LifeWorks is a service provided by your organization that offers free, confidential help with personal and work-related issues, 24/7. You can call toll-free to speak with a professional LifeWorks consultant, or you can visit our website to find the help and resources you need. Whether you have a simple question or a complex problem, LifeWorks can help you with almost any issue, including:

| LIFE                   | FAMILY                | MONEY                   | WORK                   | HEALTH                            |
|------------------------|-----------------------|-------------------------|------------------------|-----------------------------------|
| Stress and overload    | Parenting             | Budgeting               | Time management        | Exercise                          |
| Addiction and recovery | Caring for seniors    | Debt management         | Career development     | Healthy eating                    |
| Relationships          | Adoption              | Credit and collections  | Getting along at work  | Managing stress                   |
| Depression             | Discipline and safety | Saving and investing    | Communication          | Getting enough sleep              |
| Grief and loss         | Teenagers             | Basic tax planning      | Job stress and burnout | Quitting tobacco                  |
| Divorce and separation | Single parenting      | Buying a car            | Relocation             | Heart health                      |
| Finding time for you   | Blended families      | Home buying and renting | Networking             | Navigating the health care system |

Call anytime at 877-234-5151 or visit [www.lifeworks.com](http://www.lifeworks.com) (user id: eagan; password: eap).

Para información sobre este programa en español, visite en línea en [www.lifeworks.com](http://www.lifeworks.com) (id de usuario: eagan; clave: eap) o llame al 888-732-9020.

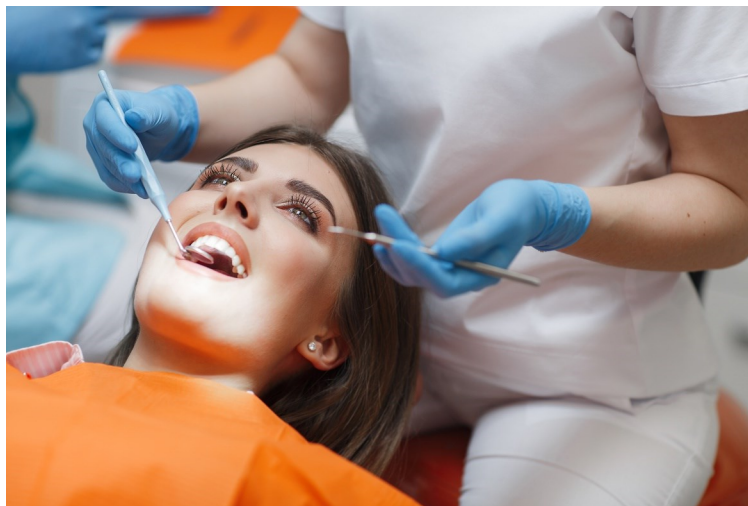


## Dental Insurance

Administered by HealthPartners

The City of Eagan partners with HealthPartners to provide dental insurance coverage to their full-time employees. Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright by using the dental plan provided by the City of Eagan. All full-time employees are provided the base dental plan with the option to purchase the buy-up dental plan. Below is a brief description of the Base Plan and Buy-up plan.

|  | Base Option                                 | Buy-Up With Little Partners Benefit |
|--|---|-------------------------------------|
| Deductible Per person/per family (calendar year)<br>No deductible for diagnostic and preventive services                     | No Deductible                               | \$50/\$150                          |
| Calendar Year Plan Maximum Per person  | \$1,000                                     | \$1,250                             |
| Diagnostic & Preventive Services Exams & cleanings, x-rays, fluoride treatments, space maintainers, sealants                 | 100%  | 100%                                |
| Basic Services<br>Amalgam and anterior restorations (fillings)<br>Posterior composite (white fillings)<br>Simple extractions | No Coverage<br>No Coverage<br>No Coverage   | 80%<br>80%<br>80%                   |
| Endodontics (root canal therapy on permanent teeth)  | No Coverage                                 | 80%                                 |
| Periodontics Surgical/Nonsurgical periodontics   | No Coverage                                 | 80%                                 |
| Oral Surgery Surgical/Nonsurgical extractions, all other oral surgery  | No Coverage                                 | 80%                                 |
| Major Restorative, Restorative crowns and onlays   | No Coverage                                 | 50%                                 |
| Prosthetic Repairs and Adjustments Denture adjustments and repairs, bridge repair  | No Coverage                                 | 50%                                 |
| Prosthetics Dentures (full and partial), bridges   | No Coverage                                 | 50%                                 |
| Eligible Dependents  | Spouse and dependent children up to age 26. |                                     |



## Vision Insurance

City of Eagan's vision plan through Avēsis helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

|   | Vision Plan   |  |
|---|---|--|
|   | In Network  | Out of Network                                       |
| <b>Lenses</b><br>(Once every 12 months)   | Single Vision<br>Bifocal<br>Trifocal<br>Lenticular  | Up to \$25<br>Up to \$40<br>Up to \$50<br>Up to \$80 |
| <b>Frames</b><br>(Once every 24 months)<br>(Up to 20% discount above frame allowance) | \$130 allowance   | Up to \$45   |
| <b>Contact Lenses</b><br>(Once every 12 months)                                       | Elective<br>(10% discount on amount exceeding allowance)<br>Medically Necessary<br>Separate Fitting Allowance | Up to \$110<br>Up to \$250<br>N/A                    |
|   | \$130 allowance<br>Covered in full<br>Standard: \$50 allowance<br>Custom: \$75 allowance                      |  |



## Accident Insurance

Administered by Hartford

Accident insurance is a type of coverage that provides financial protection in the event of an accidental injury. Unlike health insurance, which covers a broad range of medical issues, accident insurance specifically focuses on injuries resulting from unforeseen incidents. It is designed to help policyholders manage the financial impact of accidents by providing lump-sum payments or reimbursements for covered expenses.

### Rate Information:

|               | Employee | Employee & Spouse | Employee & Child(ren) | Family  |
|---------------|----------|-------------------|-----------------------|---------|
| Monthly rates | \$7.88   | \$12.46           | \$14.00               | \$21.68 |

### Accident Benefits

The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.

#### Emergency, Hospital & Treatment Care Package<sup>3</sup>:

| Treatment/Service              | Detail (Per covered person)                           | Plan 1.2 |
|--------------------------------|---|----------|
| ACCIDENT FOLLOW-UP             | Up to 3 Treatments/accident within 90 Days            | \$100    |
| ACUPUNCTURE                    | Up to 10 visits/accident within 365 Days              | \$50     |
| AMBULANCE – AIR                | Once/accident within 72 Hours                         | \$1,500  |
| AMBULANCE – GROUND             | Once/accident within 90 Days                          | \$750    |
| BLOOD/PLASMA/PLATELETS         | Once/accident within 90 Days                          | \$300    |
| CHILD CARE                     | Up to 30 Days/accident while insured is confined      | \$50     |
| CHIROPRACTIC CARE              | Up to 10 visits/accident within 365 Days              | \$50     |
| DAILY HOSPITAL CONFINEMENT     | Up to 365 Days/lifetime (Total daily and ICU)         | \$250    |
| DAILY ICU CONFINEMENT          | Up to 30 Days/accident (Subject to 365 Days/lifetime) | \$500    |
| DIAGNOSTIC EXAM                | Once/accident within 90 Days                          | \$300    |
| EMERGENCY DENTAL – CROWN       | Highest benefit once/accident within 90 Days          | \$300    |
| EMERGENCY DENTAL – EXTRACTION  | Highest benefit once/accident within 90 Days          | \$150    |
| EMERGENCY ROOM                 | Once /accident within 72 Hours                        | \$150    |
| HOSPITAL ADMISSION             | Once/accident within 90 Days                          | \$1,500  |
| ICU ADMISSION                  | Once/accident within 90 Days                          | \$3,000  |
| INITIAL PHYSICIAN OFFICE VISIT | Once/accident within 90 Days                          | \$150    |
| LODGING                        | Up to 30 Nights/lifetime                              | \$125    |
| MEDICAL APPLIANCE              | Once/accident within 90 Days                          | \$150    |
| PHYSICAL THERAPY               | Up to 10 Visits/accident within 90 Days               | \$75     |
| REHABILITATION FACILITY        | Up to 15 Days/lifetime within 90 Days                 | \$200    |
| TRANSPORTATION                 | Up to 3 Trips/accident                                | \$400    |
| URGENT CARE                    | Once /accident within 72 Hours                        | \$150    |
| X-RAY                          | Once/accident within 90 Days                          | \$100    |

#### Specified Injury & Surgery Benefit Package:

| Injury/Treatment/Service   | Detail (Per covered person)  | Plan 1.2 |
|----------------------------|------------------------------|----------|
| ABDOMINAL/THORACIC SURGERY | Once/accident within 90 Days | \$3,000  |
| ARTHROSCOPIC SURGERY       | Once/accident within 90 Days | \$500    |

## Accident Insurance

Administered by Hartford

| BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)   | Highest benefit once/accident within 72 Hours  | \$1,000                                   |                           |
|---|--|---|---------------------------|
| BURN – 3RD DEGREE (≥ 18IN <sup>2</sup> OF BODY SURFACE)   | Highest benefit once/accident within 72 Hours  | \$10,000                                  |                           |
| BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)   | Once/accident                                  | 50% of burn benefit                       |                           |
| CONCUSSION  | Up to 3 Concussions/year within 72 Hours       | \$200                                     |                           |
| EYE INJURY – OBJECT REMOVAL   | Highest benefit once/accident within 90 Days   | \$200                                     |                           |
| EYE INJURY – SURGERY  | Highest benefit once/accident within 90 Days   | \$500                                     |                           |
| HERNIA REPAIR   | Once/accident within 365 Days                  | \$500                                     |                           |
| JOINT REPLACEMENT   | Once/accident within 90 Days                   | \$2,500                                   |                           |
| KNEE CARTILAGE – WITH REPAIR  | Highest benefit once/accident within 12 Months | \$1,000                                   |                           |
| KNEE CARTILAGE – WITHOUT REPAIR   |  | \$250                                     |                           |
| LACERATION – 2" TO 6"   | Highest benefit once/accident within 72 Hours  | \$250                                     |                           |
| LACERATION – 6" OR GREATER  | Highest benefit once/accident within 72 Hours  | \$500                                     |                           |
| ORGANIZED AMATEUR SPORTS INJURY   | --   | 25% increase of non-catastrophic benefits |                           |
| RUPTURED DISC   | Once/accident within 365 Days                  | \$1,000                                   |                           |
| TENDON/LIGAMENT/CUFF – SINGLE   | Highest benefit once/accident within 365 Days  | \$1,000                                   |                           |
| TENDON/LIGAMENT/CUFF – 2 OR MORE  |  | \$2,000                                   |                           |
| <b>Specified Injury &amp; Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)</b> |  |   |                           |
| Injury  | Detail (Per covered person)                    | Plan 1.2                                  |                           |
| SPOUSE BENEFIT AMOUNTS  | --   | 100% of Employee's Coverage Amount        |                           |
| CHILD(REN) BENEFIT AMOUNTS  | --   | 100% of Employee's Coverage Amount        |                           |
| ANKLE, FOOT BONES (EXCEPT TOES)   | Once/joint/lifetime (Open or closed)           | \$2,500                                   |                           |
| COLLARBONE – ACROMIO/SEPARATION   |  | \$500                                     |                           |
| COLLARBONE – STERNOCLAVICULAR   |  | \$1,000                                   |                           |
| ELBOW   |  | \$1,000                                   |                           |
| FINGER, TOE   |  | \$250                                     |                           |
| HIP   |  | \$8,000                                   |                           |
| KNEE  |  | \$2,500                                   |                           |
| LOWER JAW   |  | \$1,000                                   |                           |
| SHOULDER (GLENOHUMERAL )  |  | \$1,000                                   |                           |
| WRIST   |  | \$1,000                                   |                           |
| HAND BONES (EXCEPT FINGERS)   |  | \$1,000                                   |                           |
| CLOSED (NON-SURGICAL)   |  | 50% of open benefit                       |                           |
| INCOMPLETE/WITHOUT ANESTHESIA   |  | 25% of closed benefit                     |                           |
| MULTIPLE DISLOCATIONS/FRACTURES   |  | --  | ≤ 200% of highest benefit |

## Accident Insurance

Administered by Hartford

| Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries) |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| Injury  | Detail (Per covered person)       | Plan 1.2                           |
| SPOUSE BENEFIT AMOUNTS  | --                                | 100% of Employee's Coverage Amount |
| CHILD(REN) BENEFIT AMOUNTS  | --                                | 100% of Employee's Coverage Amount |
| ANKLE   | Once/bone/accident within 90 Days | \$1,500                            |
| FOOT BONES (EXCEPT TOES)  |                                   | \$1,500                            |
| COCCYX  |                                   | \$1,000                            |
| COLLARBONE/CLAVICLE OR STERNUM  |                                   | \$2,000                            |
| FINGER, TOE   |                                   | \$250                              |
| FOREARM – RADIUS OR ULNA  |                                   | \$1,500                            |
| HIP, THIGH/FEMUR  |                                   | \$4,000                            |
| KNEECAP/PATELLA   |                                   | \$1,500                            |
| LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)  |                                   | \$1,500                            |
| LOWER LEG – FIBULA OR TIBIA   |                                   | \$2,000                            |
| NOSE, FACIAL BONES (EXCEPT JAW BONES)   |                                   | \$1,500                            |
| PELVIS (EXCEPT COCCYX)  |                                   | \$8,000                            |
| VERTEBRAE – PROCESSES   |                                   | \$1,500                            |
| RIB   |                                   | \$500                              |
| SHOULDER BLADE/SCAPULA  |                                   | \$2,000                            |
| SKULL – DEPRESSED   |                                   | \$8,000                            |
| SKULL – NON-DEPRESSED/SIMPLE  |                                   | \$2,000                            |
| UPPER ARM/HUMERUS   |                                   | \$1,500                            |
| UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)   |                                   | \$1,500                            |
| VERTEBRAE – BODY  |                                   | \$1,500                            |
| WRIST, HAND BONES (EXCEPT FINGERS)  |                                   | \$1,500                            |
| CLOSED (NON-SURGICAL)   |                                   | 50% of open benefit                |
| CHIP FRACTURE   |                                   | 25% of closed benefit              |
| MULTIPLE FRACTURES/DISLOCATIONS   |                                   | --                                 |
| Catastrophic Benefits Package:  |                                   |                                    |
| Injury/Treatment/Service  | Detail (Per covered person)       | Plan 1.2                           |
| ACCIDENTAL DEATH – EMPLOYEE   | Within 90 Days                    | \$50,000                           |
| ACCIDENTAL DEATH – SPOUSE   |                                   | 50% of employee benefit            |
| ACCIDENTAL DEATH – CHILD(REN)   |                                   | 25% of employee benefit            |
| COMMON CARRIER DEATH  | Within 90 Days                    | 3 times death benefit              |
| COMA (≥ 168 CONTINUOUS HOURS)   | Once/accident within 90 Days      | \$10,000                           |
| HOME HEALTH CARE  | Up to 30 Days/accident            | \$75                               |
| PARALYSIS – QUADRIPLEGIA  |                                   | \$50,000                           |

## Accident Insurance

Administered by Hartford

| PARALYSIS – PARAPLEGIA                               | Highest benefit once/accident within 90 Days  | \$25,000                           |
|--|---|------------------------------------|
| PROSTHESIS – SINGLE                                  |   | \$1,500                            |
| PROSTHESIS – 2 OR MORE                               | Highest benefit once/accident within 365 Days | \$3,000                            |
| <b>Catastrophic Benefits Package: Dismemberments</b> |   |                                    |
| Injury   | Detail (Per covered person)                   | Plan 1.2                           |
| SPOUSE BENEFIT AMOUNTS                               | --  | 100% of Employee's Coverage Amount |
| CHILD(REN) BENEFIT AMOUNTS                           | --  | 100% of Employee's Coverage Amount |
| BOTH HANDS OR BOTH FEET                              |   | \$50,000                           |
| SIGHT – BOTH EYES                                    | Within 90 Days                                | \$50,000                           |
| SPEECH & HEARING (BOTH EARS)                         |   | \$50,000                           |
| 1 HAND & 1 FOOT                                      |   | \$50,000                           |
| 1 HAND/FOOT & SIGHT OF 1 EYE                         |   | \$50,000                           |
| 1 HAND OR 1 FOOT                                     | Once/accident within 90 Days                  | \$25,000                           |
| SIGHT – 1 EYE  |   | \$25,000                           |
| SPEECH OR HEARING (BOTH EARS)                        |   | \$50,000                           |
| THUMB & INDEX FINGER (SAME HAND)                     |   | \$5,000                            |

## MetLaw Legal Plan (Full time employees only)

Administered by MetLife

Available through MetLife, MetLaw<sup>®</sup>, provided by Hyatt Legal Plans, offers convenient and affordable access to a highly qualified network of attorneys for everyday personal legal matters. Once enrolled, you will have access to an attorney as if on retainer.

### Key Features

- ⇒ A national network of more than 14,000 pre-qualified attorneys
- ⇒ In-person or over-the-phone counsel for the most common personal legal matters
- ⇒ No deductibles, claim forms, copays, waiting periods
- ⇒ Unlimited access to attorneys for as many legal issues as you have
- ⇒ A voluntary benefit typically paid through payroll deductions of about \$20 per month
- ⇒ All Network Attorney fees are paid by the plan
- ⇒ Out-of-network attorney option

### Comprehensive Coverage for more than 60 legal matters including:

- ⇒ Preparation of wills, living wills and trusts
- ⇒ Purchase, sale and refinancing of a residence
- ⇒ Debt collection and foreclosure defense
- ⇒ Identity theft defense
- ⇒ Tenant negotiations

### Cost:

| Benefit Plan | Monthly |
|--------------|---------|
| Family       | \$19.50 |

## Contact Information

If you have specific questions about a City of Eagan benefit plan, please contact the administrator listed below, or your human resources department.

| Benefit                     | Administrator                | Phone        | Website/Email  |
|-----------------------------|------------------------------|--------------|--|
| Medical                     | Blue Cross Blue Shield of MN | 651-662-8000 | <a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a>                     |
| VEBA                        | Wex                          | 866-451-3399 | <a href="http://www.wexinc.com/contact/health">www.wexinc.com/contact/health</a> |
| Dental                      | HealthPartners               | 952-883-5000 | <a href="http://www.healthpartners.com">www.healthpartners.com</a>               |
| Vision                      | Avēsis                       | 800-828-9341 | <a href="http://www.avesis.com">www.avesis.com</a>                               |
| Life Insurance              | The Hartford                 | 800-523-2233 | <a href="http://www.thehartford.com">www.thehartford.com</a>                     |
| Long-Term Disability        | The Hartford                 | 800-523-2233 | <a href="http://www.thehartford.com">www.thehartford.com</a>                     |
| Flexible Spending Account   | Wex                          | 866-451-3399 | <a href="http://www.wexinc.com/contact/health">www.wexinc.com/contact/health</a> |
| Employee Assistance Program | LifeWorks                    | 877-234-5151 | <a href="http://www.lifeworks.com">www.lifeworks.com</a>                         |
| Accident Insurance          | Hartford                     | 866-547-4205 | <a href="http://www.thehartford.com">www.thehartford.com</a>                     |
| MetLife Legal Plan          | MetLife                      | 800-821-6400 | <a href="http://www.metlife.com">www.metlife.com</a>                             |
| Gallagher                   | Jessica Nikunen              | 952-201-2029 | <a href="mailto:Jessica.Nikunen@aig.com">Jessica.Nikunen@aig.com</a>             |
| Human Resources Generalist  | Sarah Johnson                | 651-675-5006 | <a href="mailto:sljohnson@cityofeagan.com">sljohnson@cityofeagan.com</a>         |

## Full Time Employee Contributions for Benefits

| Aware National Network                        |          |
|---|----------|
| Benefit Plan                                  | Monthly  |
| <b>MEDICAL/RX - COPAY PLAN</b>                |          |
| Employee                                      | \$99.44  |
| Employee + Children                           | \$559.14 |
| Employee + Spouse                             | \$585.98 |
| Family  | \$720.38 |
| <b>MEDICAL/RX - \$1500 DED / VEBA #1 PLAN</b> |          |
| Employee                                      | -        |
| Employee + Children                           | \$391.74 |
| Employee + Spouse                             | \$408.20 |
| Family  | \$491.32 |
| <b>MEDICAL/RX - \$1500 DED / VEBA #2 PLAN</b> |          |
| Employee                                      | \$68.48  |
| Employee + Children                           | \$492.40 |
| Employee + Spouse                             | \$513.62 |
| Family  | \$619.92 |

| Benefit Plan  | Monthly |
|---|---------|
| <b>DENTAL RATES (BASE PLAN)</b>                         |         |
| Employee  | -       |
| Employee + Children                                     | -       |
| Employee + Spouse                                       | -       |
| Family  | -       |
| <b>DENTAL RATES (BUY-UP W/ Little Partners Benefit)</b> |         |
| Employee  | \$17.40 |
| Employee + Children                                     | \$33.00 |
| Employee + Spouse                                       | \$34.70 |
| Family  | \$52.90 |
| <b>VISION RATES</b>                                     |         |
| Employee  | \$4.38  |
| Employee + Children                                     | \$9.22  |
| Employee + Spouse                                       | \$7.68  |
| Family  | \$11.40 |
| <b>ACCIDENT RATES</b>                                   |         |
| Employee  | \$7.88  |
| Employee + Children                                     | \$14.00 |
| Employee + Spouse                                       | \$12.46 |
| Family  | \$21.68 |

\*\*\*Dependent child coverage: it is the responsibility of all employees who are covering their children to notify Human Resources when a dependent child ages off of a plan. Employees must notify Human Resources within 30 days of the date of the event. Below is a list of benefits and when children are no longer eligible to participate in the City of Eagan's health plans.

| Benefit Plan   | Eligibility   |
|----------------|---|
| Medical        | Coverage terminates the last day of the month in which the child turns age 26 |
| Dental         | Coverage terminates the last day of the month in which the child turns age 26 |
| Voluntary Life | Coverage terminates the last day of the month in which the child turns age 26 |



## Part Time Employee Contributions for Benefits (22.5 - 30 Hours)

| Aware National Network                        |            |
|---|------------|
| Benefit Plan                                  | Monthly    |
| <b>MEDICAL/RX - COPAY PLAN</b>                |            |
| Employee                                      | \$438.86   |
| Employee + Children                           | \$954.78   |
| Employee + Spouse                             | \$1,000.36 |
| Family  | \$1,224.42 |
| <b>MEDICAL/RX - \$1500 DED / VEBA #1 PLAN</b> |            |
| Employee                                      | \$313.22   |
| Employee + Children                           | \$770.74   |
| Employee + Spouse                             | \$802.76   |
| Family  | \$960.52   |
| <b>MEDICAL/RX - \$1500 DED / VEBA #2 PLAN</b> |            |
| Employee                                      | \$381.68   |
| Employee + Children                           | \$871.40   |
| Employee + Spouse                             | \$908.18   |
| Family  | \$1,089.12 |

| Benefit Plan  | Monthly |
|---|---------|
| <b>DENTAL RATES (BASE PLAN)</b>                         |         |
| Employee  | \$6.74  |
| Employee + Children                                     | \$12.74 |
| Employee + Spouse                                       | \$13.62 |
| Family  | \$22.12 |
| <b>DENTAL RATES (BUY-UP W/ Little Partners Benefit)</b> |         |
| Employee  | \$24.14 |
| Employee + Children                                     | \$45.74 |
| Employee + Spouse                                       | \$48.32 |
| Family  | \$75.02 |
| <b>VISION RATES</b>                                     |         |
| Employee  | \$4.38  |
| Employee + Children                                     | \$9.22  |
| Employee + Spouse                                       | \$7.68  |
| Family  | \$11.40 |
| <b>ACCIDENT RATES</b>                                   |         |
| Employee  | \$7.88  |
| Employee + Children                                     | \$14.00 |
| Employee + Spouse                                       | \$12.46 |
| Family  | \$21.68 |

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| Benefit Plan   | Eligibility   |
|----------------|---|
| Medical        | Coverage terminates the last day of the month in which the child turns age 26 |
| Dental         | Coverage terminates the last day of the month in which the child turns age 26 |
| Voluntary Life | Coverage terminates the last day of the month in which the child turns age 26 |

## Part Time Employee Contributions for Benefits (17.5 - 22.5 Hours)

| Aware National Network                        |            |
|---|------------|
| Benefit Plan                                  | Monthly    |
| <b>MEDICAL/RX - COPAY PLAN</b>                |            |
| Employee                                      | \$778.28   |
| Employee + Children                           | \$1,350.42 |
| Employee + Spouse                             | \$1,414.74 |
| Family  | \$1,728.46 |
| <b>MEDICAL/RX - \$1500 DED / VEBA #1 PLAN</b> |            |
| Employee                                      | \$626.42   |
| Employee + Children                           | \$1,149.72 |
| Employee + Spouse                             | \$1,197.34 |
| Family  | \$1,429.72 |
| <b>MEDICAL/RX - \$1500 DED / VEBA #2 PLAN</b> |            |
| Employee                                      | \$694.90   |
| Employee + Children                           | \$1,250.38 |
| Employee + Spouse                             | \$1,302.76 |
| Family  | \$1,558.32 |

| Benefit Plan  | Monthly |
|---|---------|
| <b>DENTAL RATES (BASE PLAN)</b>                         |         |
| Employee  | \$13.50 |
| Employee + Children                                     | \$25.50 |
| Employee + Spouse                                       | \$27.24 |
| Family  | \$44.24 |
| <b>DENTAL RATES (BUY-UP W/ Little Partners Benefit)</b> |         |
| Employee  | \$30.90 |
| Employee + Children                                     | \$58.50 |
| Employee + Spouse                                       | \$61.94 |
| Family  | \$97.14 |
| <b>VISION RATES</b>                                     |         |
| Employee  | \$4.38  |
| Employee + Children                                     | \$9.22  |
| Employee + Spouse                                       | \$7.68  |
| Family  | \$11.40 |
| <b>ACCIDENT RATES</b>                                   |         |
| Employee  | \$7.88  |
| Employee + Children                                     | \$14.00 |
| Employee + Spouse                                       | \$12.46 |
| Family  | \$21.68 |

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| Benefit Plan   | Eligibility   |
|----------------|---|
| Medical        | Coverage terminates the last day of the month in which the child turns age 26 |
| Dental         | Coverage terminates the last day of the month in which the child turns age 26 |
| Voluntary Life | Coverage terminates the last day of the month in which the child turns age 26 |



Prepared by:



**Gallagher**

Insurance | Risk Management | Consulting