



2024 Employee Benefit Guide





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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 Hastings is proud to offer a comprehensive benefits package to eligible full-time and part-time regular employees. The complete benefits package is briefly summarized in this booklet. Plan booklets, which give you more detailed information about each of these programs are available on the City Intranet.

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

Benefit Plans Offered

- Medical
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (DCA)
- Voluntary Dental
- Voluntary Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Long-Term Disability
- Group Accident Insurance
- Group Critical Illness Insurance
- Group Hospital Insurance



Eligibility

You and your dependents are eligible for the City of Hastings benefits on the following dates:

- Health Insurance: the 31st day of employment
- Life Insurance: the 1st day of the month following 30 days of employment
- Dental Insurance: the 1st day of the month following 30 days of employment
- Vision Insurance: the 1st day of the month following 30 days of employment
- Long-Term Disability: the 1st day of the month following 30 days of employment
- Group Accident, Critical Illness, and Hospital Insurance: the 1st day of the month following 30 days of employment

All insurance paperwork needs to be submitted within 30 days of start date.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or eligible dependents. 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.

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.

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.

The City of Hastings offers you a choice of three health plans:

- \$200 deductible plan with \$30 copay
- \$1,500 deductible plan with an HRA
- \$3,200 deductible plan with an HSA



Medical Benefits

\$200 Deductible PPO Plan with \$30 copay PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$200 single / \$600 family	\$400 single / \$1,200 family
Coinsurance	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$1,200 single / \$2,400 family	\$2,500 single / \$7,500 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 60% coinsurance
PHYSICIAN SERVICES		
E-visits	\$15 copay	Deductible then 60% coinsurance
In-hospital medical visits	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Professional lab services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Office visits due to illness or injury	\$30 copay	Deductible then 60% coinsurance
Urgent care (clinic-based)	\$30 copay	Deductible then 60% coinsurance
Retail health clinic	\$15 copay	Deductible then 60% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	\$30 copay	Deductible then 60% coinsurance
Home health care	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Physical therapy, occupational therapy, speech therapy	\$30 copay	Deductible then 60% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Outpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
EMERGENCY CARE		
Emergency room	\$75 copay	
Physician charges	100%	
Ambulance (medically necessary transport to the nearest facility)	80%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 80% coinsurance	Deductible then 60% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred	\$11 copay	\$11 copay
Nonpreferred	\$35 copay	\$35 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx – Mail order and retail pharmacy		
Preferred	\$22 copay	No coverage
Nonpreferred	\$70 copay	No coverage



Medical Benefits

\$200 Deductible PPO Plan with \$30 copay ELECT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$200 single / \$600 family	\$400 single / \$1,200 family
Coinsurance	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$1,200 single / \$2,400 family	\$2,500 single / \$7,500 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 60% coinsurance
PHYSICIAN SERVICES		
E-visits	\$15 copay	Deductible then 60% coinsurance
In-hospital medical visits	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Professional lab services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Office visits due to illness or injury	\$30 copay	Deductible then 60% coinsurance
Urgent care (clinic-based)	\$30 copay	Deductible then 60% coinsurance
Retail health clinic	\$15 copay	Deductible then 60% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	\$30 copay	Deductible then 60% coinsurance
Home health care	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Physical therapy, occupational therapy, speech therapy	\$30 copay	Deductible then 60% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Outpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
EMERGENCY CARE		
Emergency room	\$75 copay	
Physician charges	100%	
Ambulance (medically necessary transport to the nearest facility)	80%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 80% coinsurance	Deductible then 60% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred	\$11 copay	\$11 copay
Nonpreferred	\$35 copay	\$35 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx – Mail order and retail pharmacy		
Preferred	\$22 copay	No coverage
Nonpreferred	\$70 copay	No coverage



Medical Benefits

\$1,500 Deductible HRA/VEBA plan PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$1,500 single / \$3,000 family	\$1,500 single / \$3,000 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 100% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$2,250 single / \$4,000 family	\$2,250 single / \$4,000 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 100%
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 100%
In-hospital medical visits	Deductible then 100%	Deductible then 100%
Professional lab services	Deductible then 100%	Deductible then 100%
Office visits due to illness or injury	Deductible then 100%	Deductible then 100%
Urgent care (clinic-based)	Deductible then 100%	Deductible then 100%
Retail health clinic	Deductible then 100%	Deductible then 100%
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 100%
Home health care	Deductible then 100%	Deductible then 100%
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 100%
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 100%
Outpatient hospital services	Deductible then 100%	Deductible then 100%
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 100%
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Open plan design (Generic, Brand & Non-Preferred)	\$20 copay	\$20 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx—Mail order and retail pharmacy		
Generic, Brand & Non-Preferred	\$40 copay	No coverage



Medical Benefits

\$1,500 Deductible HRA/VEBA plan ELECT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$2,250 single / \$4,000 family	\$6,000 single / \$12,000 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 80% coinsurance
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 80% coinsurance
In-hospital medical visits	Deductible then 100%	Deductible then 80% coinsurance
Professional lab services	Deductible then 100%	Deductible then 80% coinsurance
Office visits due to illness or injury	Deductible then 100%	Deductible then 80% coinsurance
Urgent care (clinic-based)	Deductible then 100%	Deductible then 80% coinsurance
Retail health clinic	Deductible then 100%	Deductible then 80% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 80% coinsurance
Home health care	Deductible then 100%	Deductible then 80% coinsurance
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 80% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
Outpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 80% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Open plan design (Generic, Brand & Non-Preferred)	\$20 copay	\$20 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx—Mail order and retail pharmacy		
Generic, Brand & Non-Preferred	\$40 copay	No coverage



Medical Benefits

\$3,200 Deductible with HSA plan PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$3,200 single / \$6,400 family	\$3,200 single / \$6,400 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$3,200 single / \$6,400 family	\$3,700 single / \$7,400 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 80% coinsurance
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 80% coinsurance
In-hospital medical visits	Deductible then 100%	Deductible then 80% coinsurance
Professional lab services	Deductible then 100%	Deductible then 80% coinsurance
Office visits due to illness or injury	Deductible then 100%	Deductible then 80% coinsurance
Urgent care (clinic-based)	Deductible then 100%	Deductible then 80% coinsurance
Retail health clinic	Deductible then 100%	Deductible then 80% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 80% coinsurance
Home health care	Deductible then 100%	Deductible then 80% coinsurance
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 80% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
Outpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 80% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred generic	100% after deductible; Preventive: no charge	100% after deductible
Preferred brand	100% after deductible; Preventive: no charge	100% after deductible
Specialty	100% after deductible	No coverage
90dayRx—Mail order and retail pharmacy		
Preferred generic	100% after deductible	No coverage
Preferred brand	100% after deductible	No coverage



Medical Benefits

\$3,200 Deductible with HSA plan ELECT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$3,200 single / \$6,400 family	\$6,400 single / \$12,800 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$3,200 single / \$6,400 family	\$12,800 single / \$25,600 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 80% coinsurance
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 80% coinsurance
In-hospital medical visits	Deductible then 100%	Deductible then 80% coinsurance
Professional lab services	Deductible then 100%	Deductible then 80% coinsurance
Office visits due to illness or injury	Deductible then 100%	Deductible then 80% coinsurance
Urgent care (clinic-based)	Deductible then 100%	Deductible then 80% coinsurance
Retail health clinic	Deductible then 100%	Deductible then 80% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 80% coinsurance
Home health care	Deductible then 100%	Deductible then 80% coinsurance
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 80% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
Outpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 80% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred generic	100% after deductible; Preventive: no charge	100% after deductible
Preferred brand	100% after deductible; Preventive: no charge	100% after deductible
Specialty	100% after deductible	No coverage
90dayRx—Mail order and retail pharmacy		
Preferred generic	100% after deductible	No coverage
Preferred brand	100% after deductible	No coverage



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. **Participants 18 years and older are eligible for up to \$225 in rewards incentives annually from Medica!**

Amwell (Telemedicine)

A Doctor is just a phone call or click away to get the medical attention you need for your physical and mental health. Convenient, real-time care is available 24/7, 365 days per year and treats the top conditions seen in urgent care centers.

Medica Call Link

Medica CallLink connects you with advisors and nurses around the clock. When you call, you'll receive trusted answers, information, and support for a wide range of health concerns. More good news? This service is available at no additional cost to you, as a part of your health plan.

Self Care by AbleTo

Self-care techniques, coping tools, meditations, sleep tracking, and more at no cost—anytime anywhere with Self Care by AbleTo. In addition, MHC Medica members receive access to online therapy covered under their plan as behavioral health office visit.

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 Program

Unlock a healthier you with the Life Time Digital fitness program at no extra cost. The Life Time Digital app provides access to hundreds of on-demand and live fitness classes, meditations, plus nutrition and lifestyle articles to support your well-being goals!

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.

Live and Work Well

With Live and Work Well, You'll find health resources and personalized support services to help you and those you care about find the balance, support and care to live the healthiest life possible. The site is available 24/7 for confidential access to professional care, self-help programs and a variety of helpful information.



2024 Medical Rates (Employee Contributions)

Monthly Premiums	\$3,200 Deductible HSA plan PASSPORT	\$3,200 Deductible HSA plan ELECT	\$1,500 Deductible HRA/VEBA plan PASSPORT	\$1,500 Deductible HRA/VEBA plan ELECT	\$200 Deductible PPO Plan with \$30 copay PASSPORT	\$200 Deductible PPO Plan with \$30 copay ELECT
Single	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single + Spouse	\$702.46	\$614.65	\$783.94	\$685.94	\$862.49	\$754.68
Single + Children	\$655.49	\$573.55	\$731.52	\$640.08	\$804.82	\$704.22
Family	\$856.09	\$749.08	\$955.39	\$835.95	\$1,051.12	\$919.73

Health Reimbursement Arrangement (HRA) with VEBA

Administered by WEX

As part of our medical plan options, the City of Hastings offers a Health Reimbursement Arrangement (HRA) for those employees who choose the \$1,500 high deductible health plan.

An HRA/VEBA is an employer-funded account established for participating employees to be used on a pretax basis to pay for unreimbursed medical, dental or vision expenses. Once the deductible is met, the plan pays 100% until the end of the plan year. The City's contribution to the HRA account will be deposited, in full, on January 1st. Reimbursements cannot be made for more than the available amount in the HRA account.

Employees are eligible to be reimbursed from HRA for all (213)d expenses, including those expenses for eligible dependents, and after termination or retirement, certain insurance premiums. Money in the HRA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination or retirement. (If you also elect a Flexible Spending Account, expenses incurred and submitted for reimbursement will be paid from your FSA first and then paid from your HRA.)



Flexible Spending Accounts (FSAs)

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.

Healthcare Spending Limit \$3,200

Dependent Care Spending Limit \$5,000

Here's How an FSA Works

1. You decide the annual amount (up to \$3,200 for the Healthcare account or \$5,000 for the Dependent Care account) 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.



Health Savings Account (HSA)

Administered by WEX

As part of the medical plan benefit options the City of Hastings offers a Health Savings Account (HSA) for those employees who choose an HSA high deductible health plan. Employees who choose to open an HSA account select the amount they would like to contribute to their HSA. Individual accounts are set up at WEX and the amount deposited will be deducted from the employee's paycheck each pay period and deposited into the account, along with the City's contribution. When funds in the HSA are used for qualified expenses the funds can be taken out tax-free. These funds may be used to cover expenses of both the employee and any eligible tax dependents. Money in the HSA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination from employment or retirement.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a "limited scope" FSA or HRA. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also an HDHP/HSA. If you are covered by a spouse's traditional medical insurance plan or full flexible spending account, you are not eligible to contribute to an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another's tax return or those covered under TRICARE.

2024 Contribution Limits

Single: \$4,150

Family: \$8,300

Catch-up for age 55 and older: Additional \$1,000





Voluntary Dental Benefits

Administered by MetLife

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 Hastings dental benefit plan.

	MetLife Dual Option	
	In-Network	Out-of-Network
Annual Deductible	None	\$25/\$75
Annual Benefit Maximum (per covered person per calendar year)	\$2,000	\$1,000
Diagnostic & Preventive Services (exams, cleanings, x-rays, fluoride)	100%	100%
Basic Restorative Care & Services (silver fillings, sealants through age 15, emergency treatment for relief of pain)	90%	80%
Basic Oral Surgery Services (surgical/non-surgical extractions)	100%	80%
Complex Surgical Extractions (surgical/non-surgical extractions)	80%	80%
Basic Endodontic Therapy (root canals)	80%	50%
Basic Periodontal Services (non-surgical & surgical periodontics at 36-month intervals)	80%	50%
Complex Surgical Periodontal Care (non-surgical & surgical periodontics at 36-month intervals)	80%	50%
Major Restorative Services (crowns at 5 year intervals)	50%	50%
Prosthetic Services (dentures, bridges at 5 year intervals)	50%	50%
Prosthetic Repairs & Adjustments (denture/bridge repair)	50%	50%
Cleanings Frequency	2 per year	

2024 Dental Rates

Monthly Premiums	
Employee	\$42.75
Employee + Spouse	\$85.50
Employee + Child(ren)	\$94.26
Family	\$122.69

Log-in to Integrity Employee Benefits' HRconnection website for much more information on these benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

To Log-In Go to:

<https://www.hrconnection.com?u=Hastings>





Voluntary Vision Benefits

Administered by VSP

Your vision health is an important part of complete wellness. VSP is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Please note that each year, your medical plan will cover an annual Eye Care Exam. The VSP vision plan is for materials only.

See the below summary for a description of the plan. The VSP vision care program is available for employees and their dependents to help save money on Vision care.

The monthly rates are as follows:

Employee	\$6.10
Employee + Spouse	\$12.20
Employee + Child(ren)	\$13.04
Employee + Family	\$20.86

YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25 Copay for Frames/Lenses	
FRAME	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every other plan year
LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply	No copay	Every plan year

Log-in to Integrity Employee Benefits' HRconnection website for much more information on these benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

To Log-In Go to:

<https://www.hrconnection.com?u=Hastings>





Life and Accidental Death & Dismemberment Insurance

Insured by The Standard

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 Hastings. The City provides basic life insurance of \$50,000 for eligible employees. This is at no cost to you.

Log-in to Integrity Employee Benefits' HRconnection website for much more information on these benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

To Log-In Go to:

<https://www.hrconnection.com?u=Hastings>

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 Hastings provides eligible employees with AD&D coverage of \$50,000. This coverage is in addition to your employer-paid life insurance described above.

See your certificate for a full description of this benefit.

Voluntary Life and AD&D Insurance

Insured by The Standard

You may purchase life and AD&D insurance in addition to the employer-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself.

Employee — Up to \$500,000 in \$5,000 increments. Guaranteed issue \$100,000.

Spouse — Up to \$250,000 in \$5,000 increments. Guaranteed issue \$25,000.

Children — \$10,000

Age	Rate/\$1,000
Under 35	\$0.054
35-39	\$0.090
40-44	\$0.108
45-49	\$0.153
50-54	\$0.225
55-59	\$0.405
60-64	\$0.612
65-69	\$1.161
70-74	\$1.872

Child life may be purchased for \$1.17/month for \$10,000 of coverage.



Long-Term Disability Insurance and Accident, Critical Illness & Hospital Insurance

Long-Term Disability Insurance (LTD)

Insured by SunLife

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. The City of Hastings provides Long-Term Disability insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings, up to \$6,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue up to your Social Security Retirement Age.

See your certificate for a full description of this benefit.

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Group Accident Insurance

Insured by Cigna

Have you ever thought about what you would do if you or a family member were accidentally injured as a result of an accident? Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. The accident insurance plan pays a fixed cash benefit amount. What you do with the money is all up to you.

See your certificate for a full description of this benefit.

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Group Critical Illness & Hospital Insurance

Insured by Cigna

Can your finances survive a serious illness? Maybe it's happened to someone you know. A sudden illness such as a heart attack, cancer or stroke with devastating physical and financial consequences. The critical illness plan pays a fixed cash benefit amount. What you do with the money is all up to you.

See your certificate for a full description of this benefit.

Log-in to Integrity Employee Benefits' HRconnection website for much more information on these benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

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Group Hospital Insurance

Insured by Cigna

With nearly 3/4 of Americans living paycheck-to-paycheck, hospital expenses can be difficult for a family. Cigna Hospital Care insurance can help. This coverage pays a fixed benefit for hospital stays resulting from a covered injury or illness. The plan pays a fixed cash benefit amount. What you do with the money is all up to you.

See your certificate for a full description of this benefit.

Log-in to Integrity Employee Benefits' HRconnection website for much more information on these benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

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Corporate Wellness Gym Benefit

Corporate Wellness Employee Benefit

Offered by the YMCA

Employees are eligible for special benefits including:

- \$15 off your monthly membership dues upon 12 visits per month
- Free towel service
- \$15 premium enrollment fee (\$35 savings)
- Partnership benefits valid for both current Y members and new Y members

What comes with a Y membership?

- FREE drop in fitness classes - check your local branch for schedule
- FREE 2 hour onsite childcare while you exercise
- Access to all 25 Twin Cities locations
- Access to indoor and outdoor pools, saunas, whirlpools, fitness centers, gyms, discounts on swim lessons, personal training and more!

What if I am already a Y member?

- Stop into your local Y to enroll in Corporate Wellness benefits - bring a business card, full flyer, paystub or anything that says you work for the City
- Contact Anna Hochmuth to enroll (anna.hochmuth@ymcamn.org or (651)319-8006)





Employee Resource Center

We are committed to providing quality Employee Benefits to our employees and are pleased to offer a web based communication system to help you reduce your time spent learning about and selecting benefits.

This site will be available to you and your dependents 24/7/365 either at the office or at home and will serve as an important resource center to access important City information.

Here's what you can find:

- Benefit Enrollment Information
- Benefit Plan Details, Including Forms and Documents
- Carrier Resources and Links
- Payroll and Human Resource Forms
- Job Postings
- Wellness Program Details
- Live Well Work Well Newsletters and Monthly Tip Sheets
- New/Departing Employee Information
- Life Event Checklists
- Health Care Reform Summary
- Information on State & Federal Programs
- Financial Calculators
- Benefits Glossary
- And much more!

<https://c2mb.ajg.com/cityofhastings/>



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- Home
- Benefits
- 2023 Policy Updates
- Employer Information
- City Newsletter
- Comp & Class Study 2022
- Life Events
- Live Well, Work Well
- Federal Programs
- Benefit Resources





Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or Megan Schlei at 651.480.6159 or mschlei@hastingsmn.gov.

Benefit	Administrator	Phone	Website / E-mail
Medical	Medica	800.952.3455	www.medica.com
Spending Accounts (HSA/FSA/VEBA)	WEX	833.225.5939	www.wexinc.com
Dental	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com
Vision	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com
Life and AD&D Insurance	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com
Long-Term Disability	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com
Voluntary Life and AD&D Insurance	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com
Accident, Critical Illness & Hospital	Integrity Employee Benefits	651.437.7977	integrity@integrityeb.com

Log-in to Integrity Employee Benefits' HRconnection website for much more information on your benefits. Download forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

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ANNUAL NOTICES

Patient Protections Disclosure

Newborns' and Mothers' Health Rights Act

HIPPA Notice of Privacy Practices Reminder

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)

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 or contact your federal loan servicer.

In the interest of being environmentally conscious, these notices are available on the Employee Resource Center: (<https://c2mb.ajg.com/cityofhastings/home/>) You can also obtain a copy of these notices by contacting Megan Schlei.



Notes

The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.