

2022-2023

Scott County
Benefit Summary



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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

Scott County is proud to offer a comprehensive benefits package to eligible employees who work at least 20 hours per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical and dental), and Scott County 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 payroll deductions.

Benefits Offered

- Health
- Dental
- Basic Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Supplemental Life and AD&D
- Flexible Spending Account (FSA)
- Long-Term Disability (LTD)
- Voluntary Short-Term Disability (STD)
- Vision
- Employee Assistance Program (EAP)

Additional Benefits Offered

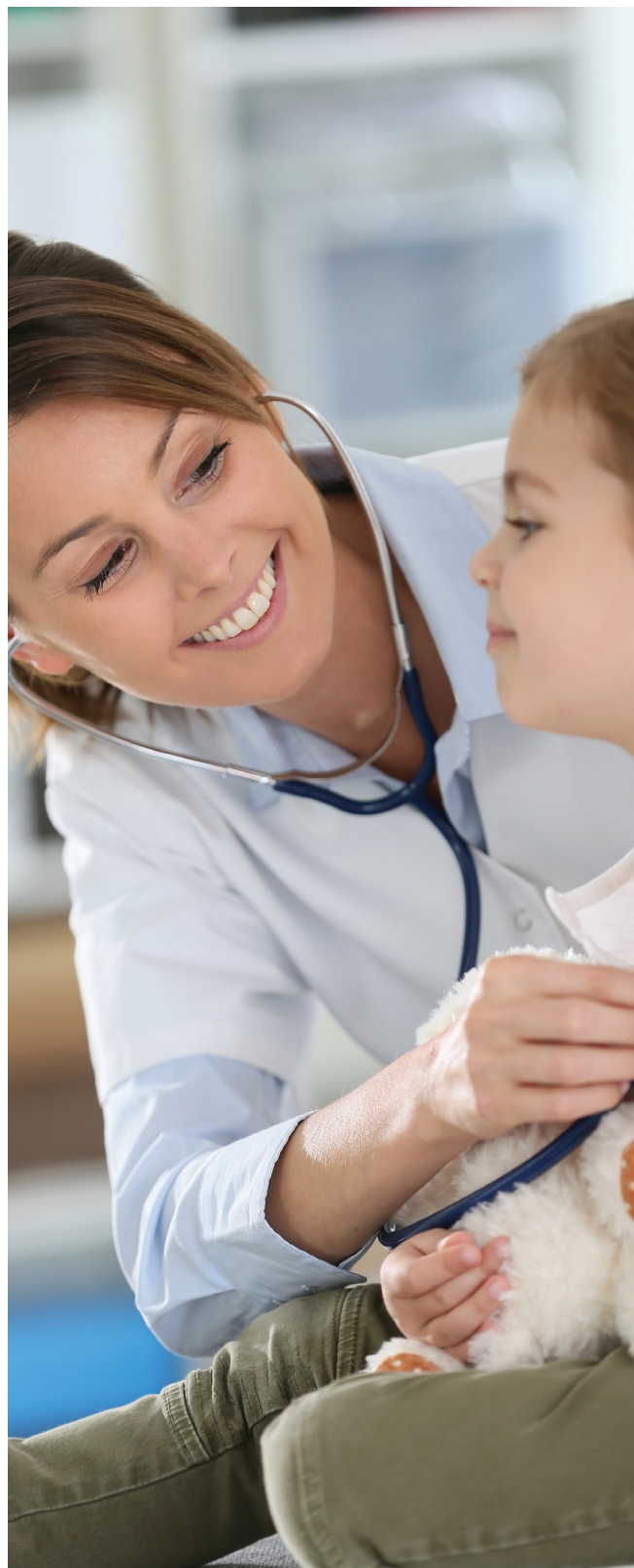
- Paid Time Off (PTO) or Vacation / Sick
- 11 Paid Holidays
- Public Employees Retirement Association (PERA)
- Deferred Compensation Plans
- Health Care Savings Plan (HCSP)
- Student Loan Forgiveness
- Pet Insurance
- Identity Theft & Legal Protection
- Home, Life and Auto Insurance

Eligibility

You and your dependents are eligible for Scott County benefits on the first of the month on or after your date of hire.

Elections made now will remain until the next Open Enrollment unless you or your family members experience a “Special Enrollment Event” or “Mid-Year Change in Status.” If you experience a qualifying event, you must contact Employee Relations within 31 days of the event to make changes to your benefit elections.

Scott County’s plan year runs from August 1st through July 31st with Open Enrollment being held every July. Health Insurance deductibles and dental insurance benefit maximums (\$1,250 per member) run on a calendar year - January 1st through December 31st.



Health Benefits

Administered by HealthPartners

Comprehensive and preventive health care 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 health care. 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 health care also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Scott County.

Scott County currently maintains two health insurance plans: a Base Plan and a Buy-Up Plan. However, the Buy-Up Plan is closed and is not open for new enrollment. Each plan option covers the same range of services. The plans differ, however, in terms of the out-of-pocket medical costs and deductibles you could incur during the plan year.

You can find the complete summary of benefits and coverage on the Employee Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

HealthPartners Open Access Base Plan

When choosing the HealthPartners Open Access Base Plan, you have access to over 950,000 providers in the HealthPartners network within the United States (through HealthPartners association with Cigna). You are not required to choose a Primary Care Clinic (PCC), so you can receive your care at the network provider of your choice, and you also do not need referrals to see specialists within the HealthPartners network. “Out-of-Network” coverage is provided (beyond emergency services); however, should you choose to see a physician outside the network, your benefits would be paid at an “Out-of-Network” level which has very limited coverage. Some co-pays and deductibles will apply.

	In-Network	Out-of-Network
Annual Deductible	\$750 individual / \$1,500 family	\$1,500 individual / \$3,000 family
Annual Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$2,500 individual / \$5,000 family
Coinsurance	80% / 20%	70% / 30%
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: First 3 visits free then \$15 copay thereafter	Office Visit/Convenience Care: 30% coinsurance Virtuwell: Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
Retail— Specialty Drug (30-day supply)	\$50 copay	Not covered
Mail Order— Generic Drug (90-day supply)	\$20 copay	Not covered
Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	30% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	30% coinsurance
Skilled Nursing Care 120 days per confinement	20% coinsurance	30% coinsurance
Eye Exam (Does not cover contact lens exams)	No charge	Not covered
Hearing Aids (age 18+)	Once every 3 years up to \$1,250	N/A

HealthPartners Primary Clinic Buy-Up Plan—Enrollment closed

If you currently have the HealthPartners Primary Clinic Buy-Up Plan, you have what are considered “In-Network” benefits only and you are required to choose a Primary Care Clinic (PCC) at which you will be receiving your medical care. By using the specialists within the network, you will be covered for most services. “Out-of-Network” services would be covered on an “Emergency” basis only. Some co-pays will apply. The Buy-Up Plan is a closed plan and is currently not open to new enrollment.

	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	None
Coinsurance	80% / 20%	None
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: First 3 visits free then \$15 copay thereafter	Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
Retail— Specialty Drug (30-day supply)	\$50 copay	Not covered
Mail Order— Generic Drug (90-day supply)	\$20 copay	Not covered
Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	Not covered
Ambulance Service	20% coinsurance	Not covered
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	Not covered
Skilled Nursing Care 120 days per confinement	20% coinsurance	Not covered
Eye Exam (Does not cover contact lens exams)	No charge	Not covered
Hearing Aids (age 18+)	Once every 3 years up to \$1,250	N/A

Monthly Premium Rates

HP Open Access Base Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$892.42	\$1,960.44	\$1,481.93	\$2,515.74
Employee Cost	\$89.24	\$490.10	\$370.48	\$628.94
Employer Cost	\$803.18	\$1,470.34	\$1,111.45	\$1,886.81
HP Primary Clinic Buy-Up Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$999.90	\$2,198.88	\$1,676.55	\$2,822.08
Employee Cost	\$196.72	\$728.54	\$565.10	\$935.28
Employer Cost	\$803.18	\$1,470.34	\$1,111.45	\$1,886.81

Convenience Care

Convenience Care (convenience clinics, phone visits, and e-visits) is an alternative method to receive health care and is available for our plan members at a reduced “Convenience Care” copay of \$15.00 (In-Network). Instead of receiving treatment at your primary care clinic with a \$30.00 office visit copay, you can visit a physician at CVS Pharmacies, shopping malls, and MinuteClinics with a \$15.00 “Convenience Care” copay. You may also “E-Visit” HealthPartners virtuwel® – a 24/7 online clinic. For more information, please visit the HealthPartners website or call Member Services at 952.883.5000 or toll free 1.800.883.2177.

General Information

Please carefully review your Explanation of Benefits (EOB) to ensure proper payment of incurred medical expenses. Employees are under no obligation to pay any medical bills until they receive the EOB. Also, employees are not responsible for paying any possible interest the bill may have incurred prior to payment from HealthPartners.

The EOB is provided to you by HealthPartners when you have incurred a medical expense and indicates payment made by HealthPartners and the “Total Amount You Owe.” By visiting www.healthpartners.com, you can also log on under “myHealthPartners” and access your claims information under “My plan”.

Travel Plans and Out of Area Care

HealthPartners members who travel out of the service area or dependents who are attending a post-secondary institution outside of the service area have emergency services coverage under both the Primary Clinic Buy-Up Plan and the Open Access Base Plan.

Unless prior authorization is obtained from HealthPartners, preventive services, such as a routine health exam, scheduled inpatient hospital procedures, and skilled nursing facility services are excluded from coverage under the Primary Clinic Buy-Up Plan while out-of-network.

Out-of-network coverage is included under the Open Access Base Plan and may allow you to receive your same in-network benefit coverage while you are out of the area.

Members should contact HealthPartners Member Services Department to obtain prior authorization for excluded out-of-network services prior to treatment under the Primary Clinic Buy-Up Plan and to find affiliated clinics and hospitals covered under the Open Access Base Plan prior to travel outside of the area.

Wellness

Self-Care

With rising health care costs, we can all practice self-care to do our part in reducing medical claims. What is “self-care?” Healthy people develop a collection of resources in their quest for good health. The resources can include health care professionals, friends, and health information material.

Utilize the Occupational Health Nurse

Cheryl Kollasch is available weekly to assist you with health care concerns for you and your family. A visit to Cheryl could save you a trip to your doctor. Contact Cheryl at (952) 496-8788 or ckollasch@co.scott.mn.us

Call the HealthPartners Nurse Line at 612.339.3663 or 1.800.551.0859

This phone service is available for members seeking advice from nurses after their regular clinic is closed. In emergencies, call 911.

Scott Connects and the Employee Benefit Hub

Visit the Health & Safety site on Scott Connects for health resources and wellness opportunities.

For additional Wellness and HealthPartners resources, visit Scott County’s Benefit Hub: <https://c2mb.ajg.com/scottcounty/home/>

Dental Benefits

Administered by Delta Dental

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 Scott County dental benefit plan.

The dental coverage offers you and your family a large network of **Delta Dental Premier Network dentists and Delta Dental PPO Network dentists**. By using a Delta Dental PPO provider, you will pay less out of your own pocket.

Since you do not choose a primary dentist, you can change to a different dentist at any time utilizing either of the two networks.

A listing of Delta participating dentists is available at Delta’s web site, www.deltadentalmn.org. “Find a Dentist” is the most accurate and up-to-date way to obtain information on Delta participating dentists. To verify that your dentist participates in the Delta Network, go to www.deltadentalmn.org. Click on “Members” then “Find a Dentist” from the home page. If you know the name of your dentist, select “I want to see if a dentist is in-network” or select “I’m looking for a new dentist”. Complete the form with your dentist’s name, mileage range, and zip code. This will bring up a listing of dentists participating in the PPO & Premier networks, indicated under the name of each dentist. If your dentist does not participate in either network, you may continue to use that dentist; although, the dentist may bill you for the difference between what Delta pays and what he or she charges for the service. Using a non-participating dentist means you will incur more of the cost of your care and could be responsible for dental charges up to the dentist’s full, billed amount.

	Coverage	Delta Dental Premier	Delta Dental PPO
A	Diagnostic/Preventive Services	100%	100%
B1a	Basic Services	80%	90%
B1b	Endodontics	80%	90%
B1c	Periodontics	80%	90%
B1d	Oral Surgery	80%	90%
B2	Major Restorative Services	50%	70%
C1	Prosthetic Repairs and Adjustments	50%	70%
C2	Prosthetics	50%	70%

Deductible

There is a \$25 deductible per participating member *each calendar year* not to exceed \$75 per family unit. The deductible does not apply to Diagnostic and Preventive Services (A).

Benefits Maximum

\$1,250 for each participating member **per coverage year** (calendar year) for services B1a, B1b, B1c, B1d, B2, C1, and C2 combined. The benefit maximum renews every January 1st. Diagnostic / Preventive Services (A) do not apply towards the \$1,250 maximum benefit.

Monthly Premium Rates

	Employee	EE + Spouse	EE + Child(ren)	Family
Total Monthly Premium Rates	\$37.75	\$75.01	\$91.72	\$127.77
Employee Cost	\$15.44	\$44.54	\$54.46	\$75.88
Employer Cost	\$22.31	\$30.47	\$37.26	\$51.89

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 Scott County. The County provides basic life insurance of \$50,000 at no cost to you, the monthly premium for this benefit is paid entirely by the County.

Employees may change their beneficiary information at any time during the year. To update your beneficiary information, please visit the Employee Benefit Hub to print the Beneficiary Designation Form or contact Employee Relations.

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. Scott County provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your County-paid life insurance described above.

Supplemental Life and AD&D Insurance (Employee Paid)

Insured by The Hartford

You may purchase life and AD&D insurance in addition to the County-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$150,000 and up to \$50,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee: Multiples of \$10,000 to a maximum of \$500,000. Matched AD&D is included. Guarantee issue of \$150,000.

Spouse: Multiples of \$5,000 to a maximum of \$250,000 (not to exceed 100% of employee's supplemental coverage amount). Matching AD&D is included. Guarantee issue of \$50,000

Children: \$5,000 or \$10,000 (not to exceed 100% of employee's supplemental coverage amount). Matching AD&D is included. Guarantee issue of \$10,000.

Monthly Step Rates

Employee rates, as determined by age:

Age	Current Rate / \$10,000 of coverage
Through age 24	\$0.70
25-29	\$0.80
30-34	\$1.00
35-39	\$1.10
40-44	\$1.20
45-49	\$1.70
50-54	\$2.50
55-59	\$4.50
60-64	\$6.80
65-69	\$12.90
70-74	\$20.80
75+	\$40.20

Spouse rates, as determined by age:

Age	Current Rate / \$5,000 of coverage
Through age 24	\$0.35
25-29	\$0.40
30-34	\$0.50
35-39	\$0.55
40-44	\$0.60
45-49	\$0.85
50-54	\$1.25
55-59	\$2.25
60-64	\$3.40
65-69	\$6.45
70-74	\$10.40
75+	\$20.10

Child(ren) supplemental Life/AD&D insurance rates:

	Current Rate
\$5,000 policy	\$0.23
\$10,000 policy	\$0.46

Funeral Planning & Concierge Services

The Hartford offers a funeral planning and concierge service provided by Everest. It provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant financial savings.

Find out more: 1-866-854-5429. Or log on to www.everestfuneral.com/hartford as a new user and use enrollment code: HFEVLC

Beneficiary Assist Counseling Services

Getting through a loss is hard. Getting support to help cope doesn't have to be. The Hartford offers you Beneficiary Assist counseling services provided by ComPsych®. Compassionate professionals can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions.

Find out more: 1-800-411-7239

EstateGuidance® Will Services

Create a simple will from the convenience of your desktop. Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance® Will Services, provided by ComPsych. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Your will is customized and legally binding.

Find out more: Visit www.estateguidance.com/wills today. Use Promotional Code: WILLHLF

Travel Assistance Services with ID Theft Protection and Assistance

The best laid travel plans can go wrong, leaving travelers vulnerable and potentially unable to find the right help. When the unexpected happens from from home, it's important to know whom to call for assistance. If you're covered under a group policy with The Hartford, you and your family may have access to travel assistance and identity theft support services by International Medical Group (IMG). IMG has extensive experience handling complex and remote medical transport situation, as well as providing support for travel concerns when they arise. Their team of international, multilingual specialist are accustomed to working across time zones and with different languages and currencies. Utilizing IMG's extensive global network of medical care providers, the on-site 24/7/365 US-based call center is available day or night to arrange high-quality care you can depend on.

For more information on Travel Assistance and Identity Theft Services, call 1-800-243-6108 (US Only) or 202-828-5885 (Outside US) or email assist@imglobal.com. Please provide your employer's name, a phone number where you can be reached, and nature of the problem.

Additional Life Insurance Options (For more information visit <https://c2mb.ajg.com/scottcounty/home/>)

- NCPERS (National Conference on Public Employee Retirement Systems)
- MBA (Minnesota Benefit Association)



Flexible Spending Accounts (FSAs)

Administered by Benefit Resource, LLC (BRi)

You can save money on your medical and/or dependent care expenses with an FSA. You set aside funds each pay period on a pre-tax basis and use them tax-free for qualified expenses. You pay no federal, state 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.

Medical Spending Limit - \$2,850

Dependent Care Spending Limit - \$5,000

Benefit Resource, LLC. (BRi) is the administrator of two individual Flexible Spending Accounts—one for medical expenses and one for dependent care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Everyone must enroll each plan year; if you do not enroll during this enrollment period, you may not participate again until August 1, 2023.

When you elect to contribute to a Medical or Dependent Care FSA, you decide, in advance, how much to contribute each plan year, subject to certain maximums. The dollar amount you specify is taken from your paycheck in the form of a pre-tax deduction, which is deposited into your FSA account. You can then pay for eligible medical or dependent care expenses using FSA dollars.

Health, dental, supplemental group term life insurance, and voluntary vision plan premium deductions will automatically be taken on a "pre-tax" basis.

There are two types of flexible spending accounts or FSAs; Medical and Dependent Care:

- **Medical Care FSA:** When you enroll in a medical flexible spending account, you may contribute a minimum of \$130 to a maximum of \$2,850 per year to the Medical FSA. Money in this account can be used to pay for a long list of IRS-approved medical, dental, and vision expenses, as well as IRS approved over-the-counter medications and supplies incurred by you and/or your family during the plan year, from August 1, 2022 through July 31, 2023.
- **Dependent Care FSA:** When you enroll in a dependent care account, you may contribute a maximum of \$5,000 per year (\$192.30 per pay check). This account can be used to pay for eligible dependent child and/or elder care expenses for your qualified dependents. Eligible expenses are defined by the IRS, based on the tax code.

Note: For payroll purposes, decide how much you wish to defer per paycheck and multiply this amount by 26 to arrive at the annual total.

Plan Carefully!

Plan your expenses carefully. You are not permitted to change the amount of your deductions or terminate participation during the year.

When estimating your expenses, remember:

- You are estimating expenses you will incur during the plan year of August 1, 2022 through July 31, 2023. Try not to overestimate.
- Dependent Care expenses must be incurred by July 31, 2023 and submitted for reimbursement by November 15, 2023.
- Medical expenses must be incurred by October 15, 2023 (See Grace Period information on the following page) and submitted for reimbursement by November 15, 2023.
- You will forfeit any balance remaining in your FSA account(s) if your expenses are not incurred and submitted by the dates shown above.

Eligible Medical Expenses Under an FSA

Eligible medical expenses are defined under Section 213 of the Internal Revenue Code. IRS Publication 502 also has a complete list of eligible expenses. (See <https://www.irs.gov/publications/p502>) Generally, reimbursable expenses are those you could claim as a deduction on your federal income tax return.

Over the Counter items or Medications and Feminine Hygiene Products are also eligible expenses. See <https://www.irs.gov/publications/p502> for eligible reimbursements.

Eligible Dependent Care Expenses Under an FSA

Eligible dependent care expenses are those incurred for dependent care that is necessary for you or your spouse to be gainfully employed. IRS Publication 503 has a complete list of eligible dependent care expenses. (See <https://www.irs.gov/publications/p503>) Dependent care can be for any member of your household who is under age 13 and whom you could claim as a dependent on your federal income tax return or any adult who lives with you at least eight hours a day, who is physically or mentally unable to care for him/herself, and whom you could also claim as a dependent on your federal income tax return (a spouse, elderly parent, or disabled child).

Eligible services may be provided in your home or another location but must be incurred for dependent care, whether for a child or an adult, when that care enables you or your spouse to remain gainfully employed. The care must also be rendered by someone who is not your dependent, your spouse, or your child, and who is not under the age of 19.

“Grace Period”

This only affects the Medical FSA. Effective with the plan year starting August 1, 2022, the “grace period” for the plan year is extended until **October 15**, 2023. This means eligible expenses incurred between August 1, 2022, and **October 15**, 2023, can be reimbursed with pre-tax dollars contributed between August 1, 2022, and July 31, 2023. However, when estimating your medical expenses for this plan year, you should estimate expenses for August through July. If you haven’t incurred enough medical expenses by July 31, you have until **October 15** to incur and request the balance remaining in your account.



Long-Term Disability (LTD)

Insured by NIS/Madison National Life Insurance Company

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.

Your LTD coverage provides income when you have been disabled for 60 days or more. Your benefit is 60% of your monthly earnings, (see certificate for monthly maximum benefit limits). This amount may be reduced by other deductible sources of income or disability earnings. This benefit is provided by the County at no cost to you.

All Benefit Eligible Employees	
Guarantee Issue	\$8,750/month
Elimination Period	60 consecutive calendar days
Maximum Benefit Period	ADEA; to age 67
Own Occupation Period	24 Months following the end of the Elimination Period
Definition of Disability	Zero day
Return to Work	First 12 months of Disability with Work Earnings
Employer Contribution	100%
Sick Leave	Pays in addition to sick pay
Maternity Coverage	Included
Cumulative Elimination Period	15 working days
Pre-existing Condition Exclusion	3 month/12 months
Survivor Benefit	3 times gross monthly benefit

Voluntary Short-Term Disability (STD)

Insured by NIS/Madison National Life Insurance Company

Short-Term Disability insurance provides income assistance and a way to help you pay your bills and keep your life as normal as possible if you become sick or injured and cannot work. And through Scott County, you can get this protection at an affordable group rate. Choose your STD weekly benefit in \$100 increments not to exceed 60% of your income (or \$2,000).

Think of Short-Term Disability insurance as income protection insurance

- Within one year, one in 13 working people will suffer a short-term disability for more than one week.
- Over 90% of disabling illnesses or injuries are not work-related, so most disabled workers are not eligible for worker's compensation.
- Even a short disruption of income can be bad news because two-thirds of American families live from paycheck to paycheck.

Age	Rate per \$100 of weekly benefit
0-24	\$7.20
25-29	\$7.60
30-34	\$5.60
35-39	\$4.20
40-44	\$4.00
45-49	\$4.50
50-54	\$5.60
55-59	\$7.00
60-64	\$8.60
65+	\$10.50

	Benefit
Maximum Weekly Benefit	Up to \$2,000 elected in \$100 increments not to exceed 60% of Weekly Pre-Disability Earnings
Elimination Period	Accident:14 days Sickness:14 days
Pre-Existing Condition Exclusion	3 months/12 months

- First 30 days of employment no evidence of insurability is required. May enroll at any time with evidence of insurability.
- May only cancel coverage during annual enrollment period which is effective December 1st of each year.

Vision Insurance

Administered by EyeMed

Your vision health is an important part of complete wellness. EyeMed 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. There are two options for vision plans: Plan Option 1 does **not** cover vision exams— it covers materials only (glasses, contacts, frames, etc). Plan Option 2 covers both vision exams and materials.

For a complete list of providers near you, please visit www.eyemed.com, under Members & Consumers click on “Find an Eye Doctor” and choose the INSIGHT network and enter your zip code or call 1-866-804-0982.

Plan Option 1: EyeMed Materials Only

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Frames: Any available frame at provider location	\$0 Copay; \$130 Allowance 20% off balance over \$130	\$91
Standard Plastic Lenses		
Single Vision	\$20 copay	\$30
Bifocal	\$20 copay	\$50
Trifocal	\$20 copay	\$70
Lenticular	\$20 copay	\$70
Standard Progressive Lens	\$85 copay	\$50
Premium Progressive Lens	See Fixed Premium Progressive list	\$50
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 Copay; \$130 allowance, employee pays balance over \$130	\$130
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Lenses or Contact Lenses	Once every plan year (Aug. 1st to July 31st)	
Frame	Once every other plan year (Aug. 1st to July 31st)	
Monthly Rate		
Subscriber	\$3.93	
Subscriber + Spouse	\$7.48	
Subscriber + Child(ren)	\$7.87	
Subscriber + Family	\$11.57	

Plan Option 2: EyeMed Exam + Materials

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	\$40
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options		
Standard Contact Lens Fit and Follow-Up	Copay not to exceed \$40	N/A
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	N/A
Frames Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$91
Standard Plastic Lenses		
Single Vision	\$20 Copay	\$30
Bifocal	\$20 Copay	\$50
Trifocal	\$20 Copay	\$70
Lenticular	\$20 Copay	\$70
Standard Progressive Lens	\$85 Copay	\$50
Premium Progressive Lens	See Fixed Premium Progressive list	\$50
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 Copay; \$130 allowance, employee pays balance over \$130	\$130
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every plan year (Aug. 1st to July 31st)	
Lenses or Contact Lenses	Once every plan year (Aug. 1st to July 31st)	
Frame	Once every other plan year	
Monthly Rate		
Subscriber	\$5.40	
Subscriber + Spouse	\$10.25	
Subscriber + Child(ren)	\$10.79	
Subscriber + Family	\$15.85	

Both EyeMed Plan Options:

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$85 copay
Premium Progressives as Follows:	
Tier 1	\$105 copay
Tier 2	\$115 copay
Tier 3	\$130 copay
Tier 4	\$85 copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
Standard Anti-Reflective Coating	\$45 copay
Premium Anti-Reflective Coating as Follows:	
Tier 1	\$57 copay
Tier 2	\$68 copay
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic (Plastic)	\$75 copay
Polarized	80% of charge

*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.



Employee Assistance Program

Administered by Sand Creek Group

- The Employee Assistance Program (EAP) is offered to employees and their dependents free of charge and provides confidential, short-term counseling services for matters related to stress, chemical dependency, finances, relationships, work, and other life concerns.
- They provides up to 4 free counseling sessions and will refer individuals to a provider that will also accept Scott County's health insurance if services are needed after the initial 4 free visits.
- The EAP also offers a 24-Hour Crisis Line for emergencies. This confidential crisis line is available by dialing the main number at 1-800-550-6248. This dedicated toll-free number remains the preferred method of contacting Sand Creek for services and questions.
- You can also visit SandCreekEAP.com and select "Contact" from the menu bar, then selecting "Employee/Member Intake" from the drop down menu.

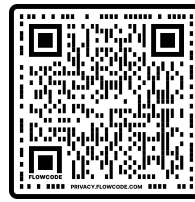
Additional Benefits (For more information visit <https://c2mb.ajg.com/scottcounty/home/>)

Time Off

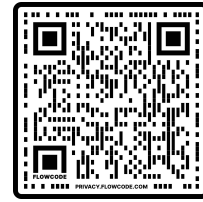
- Paid Time Off (PTO)
 - ◆ Annual PTO Cash-Out
 - * Make elections for cash-out in year preceding on yet-to-be-accrued PTO
 - * Elections will be made in 2022 for 2023; in 2023 for 2024, etc.
 - * Elections are irrevocable for upcoming year
 - * Employee must use 40 hrs PTO and have 40 hrs PTO at the time of cash-out
 - * Cash-out is processed for the second paycheck in December.
- Vacation/Sick
- 10 Paid Holidays

Save For Retirement

- Health Care Savings Plan (HCSP)
 - Please visit bit.ly/HCSPVideo for an informational video
- Public Employees Retirement Association (PERA)
 - Please visit bit.ly/PERAVideo for an informational video
 - ◆ Contribution rates for each PERA plan are as follows:



bit.ly/HCSPVideo



bit.ly/PERAVideo

PERA Plan	Employee Contribution	Employer Contribution
General (Coordinated) Plan	6.50%	7.50%
Police and Fire Plan	11.80%	17.70%
Correctional Plan	5.83%	8.75%
Defined Contribution Plan	5.00%	5.00%

- Deferred Compensation- 457b Plans
 - ◆ MN Deferred Compensation
 - ◆ Nationwide
 - ◆ AIG (VALIC)

Optional Insurance

- NCPERS (National Conference on Public Employee Retirement Systems) Life Insurance
- MBA (Minnesota Benefit Association)
 - ◆ Pet Insurance
 - ◆ Identity Theft & Legal Protection
 - ◆ Home, Life and Auto Insurance



Student Loan Forgiveness

- The Public Service Loan Forgiveness Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, you may qualify for forgiveness of the remaining balance due on your William D. Ford Federal Direct Loan (Direct Loan) Program loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers such as Scott County. For more information visit the Employee Benefit Hub, Federal Programs card.

Scott County Employee Benefit Hub

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 County information.

Here's what you can find:

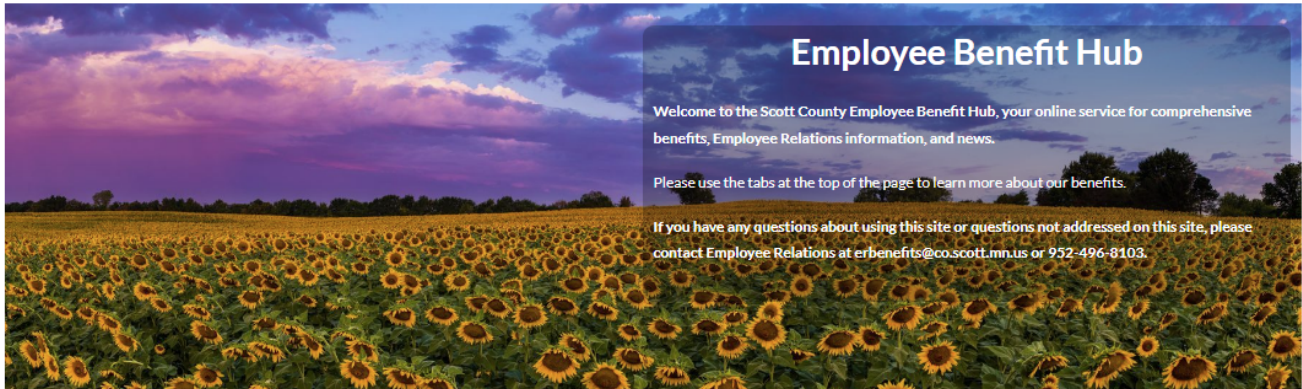
- ◇ Benefit enrollment information
- ◇ Benefit plan details, including forms and documents
- ◇ Carrier resources and links
- ◇ Payroll and Employee Relations information
- ◇ Wellness resources
- ◇ Life event checklists
- ◇ State & Federal Program Information
- ◇ Financial calculators
- ◇ Benefits glossary
- ◇ And much more!



US-English



- Home
- Employee Benefits
- Benefit Plans
- Self-Insured Benefits Through Scott County
- New Hire Information
- Payroll Forms and Information
- Life Events
- Retiree Information
- Well-Being
- Job Postings
- Federal Programs
- Resources
- WebMD
- Open Enrollment



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or the Employee Relations Department.

Benefit	Administrator	Phone	Website/Email
Employee Relations	Scott County	952.496.8103	erbenefits@co.scott.mn.us
Medical	HealthPartners, Inc.	952.883.5000 or 800.883.2177	www.healthpartners.com
Dental	Delta Dental of Minnesota	651.406.5916 or 800.553.9536	www.deltadentalmn.org
Vision	EyeMed	1.866.804.0982	www.eyemed.com
Life and AD&D Insurance	Scott County—The Hartford	952.496.8103	erbenefits@co.scott.mn.us
Short-Term Disability	National Insurance Services, Inc.	800.627.3660	www.nisbenefits.com
Long-Term Disability	National Insurance Services, Inc.	800.627.3660	www.nisbenefits.com
Flexible Spending	Benefit Resource, LLC	800.473.9595	www.benefitresource.com
Deferred Compensation	<p>MN Deferred Compensation (MNDCP) 651.296.2761 or 800.657.5757 https://www.msrs.state.mn.us/about-mndcp</p> <p>Nationwide (NACo) 877.677.3678 www.nrsforu.com</p> <p>AIG formerly Valic 800.426.3753 https://www.aigrs.com/</p>		
Employee Assistance Program (EAP)	Sand Creek	1.800.23.MCIT (6248)	https://allonehealth.com/allone-health-locations/sandcreekeap
PERA	Public Employees Retirement Association	1.800.652.9026	https://mnpera.org/members/
H CSP	Minnesota State Retirement System	1.800.657.5757	http://www.msrs.state.mn.us
MBA	Minnesota Benefit Association	1.800.360.6117	www.minnesotabenefitassociation.org
NCPERS	Scott County	952.496.8103	erbenefits@co.scott.mn.us



HIPAA Special Enrollment Rights

Scott County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Scott County 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 31 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 31 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 Lori Huss - Employee Relations Director at 952.496.8604 or lhuss@co.scott.mn.us.

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.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	MAINE – Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA – Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS – Medicaid	MISSOURI – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY – Medicaid	MONTANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA – Medicaid	NEBRASKA – Medicaid
<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345,ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	VERMONT– Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-selecthttps://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND – Medicaid and CHIP	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Women's Health and 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: HealthPartners Open Access Base Plan (Individual: 80%/20% coinsurance and \$750 deductible; Family: 80%/20% coinsurance and \$1,500 deductible)

Plan 2: HealthPartners Primary Clinic Buy-Up Plan (Individual: 80%/20% coinsurance and \$0 deductible; Family: 80%/20% coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 952.496.8604 or lhuss@co.scott.mn.us.

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 <https://studentaid.gov/pslf> or contact your federal loan servicer.

Notice of Creditable Coverage

Important Notice from Scott County 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 Scott County 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. Scott County 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 Scott County 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 Scott County 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 Scott County 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 Scott County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: August 01, 2022

Name of Entity/Sender: Scott County

Contact—Position/Office: Lori Huss - Employee Relations Director

Office Address: Scott County Government Center
200 Fourth Avenue West
Shakopee, Minnesota 55379
United States

Phone Number: 952.496.8604



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW, Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

<p>Español (<i>Spanish</i>) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)</p>	<p>ພາສາລາວ (<i>Laotian</i>) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)</p>
<p>Hmoob (<i>Hmong</i>) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)</p>	<p>Deutsch (<i>German</i>) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)</p>
<p>Tiếng Việt (<i>Vietnamese</i>) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)</p>	<p>العربية (<i>Arabic</i>) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)</p>
<p>繁體中文 (<i>Chinese</i>) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)</p>	<p>Français (<i>French</i>) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)</p>
<p>Русский (<i>Russian</i>) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)</p>	<p>한국어 (<i>Korean</i>) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)</p>
<p>Af Soomaali (<i>Somali</i>) OGAYSIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)</p>	<p>Tagalog (<i>Tagalog</i>) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)</p>

<p>Oromiffa (<i>Cushite [Oromo]</i>) XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)</p>	<p>Italiano (<i>Italian</i>) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)</p>
<p>አማርኛ (<i>Amharic</i>) ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)</p>	<p>ภาษาไทย (<i>Thai</i>) หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)</p>
<p>unD (<i>Karen</i>) ሆንသည့်ဟံသာ- နမာ်ကတိက နညီ ကျိန်အေယိ, နမာ်နာ် ကျိန်အတိမ်တေလလါ တလၢ်ဘျုန်လၢ်စုၤ နီတမံၤဘျုန်သ့န့ၣ်လီၤ. ကိ: 1-800-883-2177. (TTY: 711)</p>	<p>ελληνικά (<i>Greek</i>) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)</p>
<p>ខ្មែរ (<i>Mon-Khmer, Cambodian</i>) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)</p>	<p>Diné Bizaad (<i>Navajo</i>) Dii baa akó nínizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-883-2177. (TTY: 711)</p>
<p>Deutsch (<i>Pennsylvanian Dutch</i>) Wann du Deutsch schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)</p>	<p>Ikirundi (<i>Bantu – Kirundi</i>) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)</p>
<p>Polski (<i>Polish</i>) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)</p>	<p>Kiswahili (<i>Swahili</i>) KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (TTY: 711)</p>
<p>हिंदी (<i>Hindi</i>) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)</p>	<p>日本語 (<i>Japanese</i>) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-883-2177 (TTY: 711) まで、お電話にてご連絡ください。</p>
<p>Shqip (<i>Albanian</i>) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)</p>	<p>नेपाली (<i>Nepali</i>) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टि टि वाइ: 711)</p>
<p>Srpsko-hrvatski (<i>Serbo-Croatian</i>) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)</p>	<p>Norsk (<i>Norwegian</i>) MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring 1-800-883-2177. (TTY: 711)</p>
<p>ગુજરાતી (<i>Gujarati</i>) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)</p>	<p>Adamawa (<i>Fulfulde, Sudanic</i>) MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)</p>
<p>اُردو (<i>Urdu</i>) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711).</p>	<p>Українська (<i>Ukrainian</i>) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-883-2177. (телетайп: 711)</p>



Prepared by:



Gallagher

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