

# City of Edina 2020

## benefit summary



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# Benefits Overview

The City of Edina is proud to offer our competitive benefits package to Full-time employees who work 40 hours per week or Extended Part-time employees who work 30+ hours per week. This guide will give you the basics. More detailed information can be found on Edinet.

## Benefit Plans Offered

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## Enrollment

Employees must enroll within 30 days of their hire/status change date. If you have a qualifying event during the year (marriage, divorce, new baby, etc) you/your dependents must enroll within 30 days of the event.

Your benefits will begin on the first of the month following your hire/status change date. These benefits remain in effect through the end of the year. Every fall during Open Enrollment, you can choose new plans if you wish.

## City Contribution

The City of Edina gives you money towards your benefits, based on who you have enrolled on your health insurance:

Monthly City Contribution Towards Benefits	
Single (Employee Only)	\$1,015.00
Single + Child(ren) or Spouse	\$1,515.00
Family	\$1,820.00
Co-Pay Contribution (grandfathered only)	\$825.00
Opt Out Contribution	\$279.00
Ext. PT Contribution (\$0 if opt out)	\$725.00

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

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

# Medical Benefits

Administered by HealthPartners Group # 5609



## Choosing your health insurance is easy as 1-2-3!

1. **Who do you want to put on your health insurance?** Just you? Your Spouse? Kids? The whole family?
2. **Which plan do you want?** A \$2800 deductible with HSA or a \$2500 deductible with HRA? Read page 4 for more details on each one.
3. **Which network do you want?** There are 3 to choose from:

**Open Access:** The Open Access network is the largest and includes both the Mayo Clinic Rochester location as well as Mayo Clinic Health Systems locations. Approx. 98% of physicians and 100% of hospitals in MN participate in this network.

**Perform:** The Perform network is a subset of Open Access which excludes a small number of high cost providers such as Mayo Clinic Rochester and Mayo Clinic Health Systems.

**Achieve:** The Achieve network includes Health Partners and Park Nicollet Clinics, several independent clinics, and many area hospitals. Check [www.healthpartners.com/findcare](http://www.healthpartners.com/findcare) to see if your doctor is in network. Click on "I get insurance through work" and then click on Open Access networks. You can then click on find doctors and clinics under Open Access, Perform, or Achieve (large employers).

EMPLOYEE Cost per Month				
	Single Coverage	Emp + Spouse	Emp + Child(ren)	Family
HealthPartners: HSA \$2800/\$5600 - Open Access	\$275.50 left over	\$39.00	\$35.00 left over	\$104.00
HealthPartners: HSA \$2800/\$5600 - Perform	\$290.00 left over	\$8.00	\$64.50 left over	\$65.50
HealthPartners: HSA \$2800/\$5600 - Achieve	\$305.00 left over	\$23.00 left over	\$94.00 left over	\$27.00
HealthPartners: HRA \$2500/\$5000 - Open Access	\$86.33 left over*	\$424.84*	\$342.34*	\$532.34*
HealthPartners: HRA \$2500/\$5000 - Perform	\$102.83 left over*	\$390.34*	\$309.34*	\$489.84*
HealthPartners: HRA \$2500/\$5000 - Achieve	\$119.33 left over*	\$355.84*	\$276.84*	\$446.84*

\*If you choose the HRA plan: The City puts in half of the deductible into an HRA at the beginning of the year (or pro-rated if you enroll mid-year). This amount (\$104.17 Single or \$208.34 Employee+Dependents) comes out of the monthly city contribution and is taken into account when showing the employee cost above.

If you choose the HSA plan: You can choose how much you want to put into an HSA.

Leftover amounts can be put towards other benefits, HSA / FSA contributions, or take the leftover as cash back (taxable income).



Employees may view the Summary of Benefit and Coverage (SBC) for each of the HealthPartners health insurance plan designs on Edinet, the Apprize website during Open Enrollment, or request a paper copy from Human Resources.

# Medical Benefits

Administered by HealthPartners Group # 5609

Carrier	2020 HealthPartners Medical Plan Options	
Plan*	\$2800 HDHP.HSA	\$2500 HDHP.HRA
<b>IN-NETWORK PLAN DESIGN FEATURES</b>		
Lifetime Maximum	Unlimited	Unlimited
Creditable vs. Not Creditable	Creditable	Creditable
Deductible	\$2,800/person \$5,600/family	\$2,500/person \$5,000/family
Coinsurance	100/0%	100/0%
Medical Out-of-Pocket Maximum (includes Medical and Rx)	\$2,800/person \$5,600/family	\$2,500/person \$5,000/family
<b>MEDICAL</b>		
Preventative Care	100% coverage	100% coverage
Office Visit & Urgent Care (office based)	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% after deductible	100% after deductible
Lab, Pathology, X-ray and other Imaging	100% after deductible	100% after deductible
Inpatient & Outpatient Hospitalization	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible
<b>PRESCRIPTION DRUGS (RX)</b> <i>Preferred Rx Formulary</i>		
Rx Out of Pocket Maximum	N/A	N/A
Generic/Brand/Non-Formulary	100% after deductible	80/20% with a min \$10 and max \$25 copay/script
Specialty		80/20% with a min \$20 and max \$50 copay/script
Mail Order		80/20% capped at \$200/script/month

\*Current employees in the \$30 Copay Plan will be able to remain on the plan. Enrollment is closed to any other employees.

## Online Care Anywhere- Virtuwell and Doctor on Demand

HealthPartners **Virtuwell** provides live doctor visits using video or text chat. Available 24/7, 365 days a year, this service is only \$49 per visit. Doctors are able to diagnose and prescribe medication if needed. Virtuwell is now integrated into the billing process whereby claims are applied to the deductible and reimbursable through the employee's HSA. [www.virtuwell.com](http://www.virtuwell.com)

## HealthPartners Online Tools and Mobile App

Sign up for a **myHealthPartners** account and manage your plan at home, at work or on the go. You can find tools online:

- ✦ Doctor search made easy
- ✦ Cost estimates for care, including pharmacy comparisons
- ✦ Texts with your plan balances
- ✦ Chat with Member Services
- ✦ Go paperless with Medical ID Cards and plan documents online



Get started at [www.healthpartners.com/getmyinfo](http://www.healthpartners.com/getmyinfo) and/or download the **myHP** mobile app for both Apple and Android phones.

*This analysis 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 more details. Policy forms for your reference will be made available upon request.*

# Health Savings Account (HSA)

Administered by Further - Group # 008816

A Health Savings Account (HSA) is a savings account that you own, and it is used to pay for medical expenses for you and your tax dependents. The best part is that HSA contributions are pretax dollars! Any funds left in your HSA account at year-end will automatically roll over from year to year, and the HSA account is yours to keep even when you change jobs, health plans, or retire.

For 2020, the maximum contributions into the HSA are:

\*\$3,550 single coverage

\*\$7,100 family coverage (including single+spouse and single+children coverage).

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

# Health Reimbursement Arrangement (HRA/VEBA)

Administered by Further - Group # 008816

A Health Reimbursement Arrangement (HRA) is also a pre-tax savings account that is used to pay for medical expenses for you and your dependents that the City sponsors. Similar to an HSA, any funds left in your HRA account at year-end will automatically roll over from year to year, and the funds in your HRA account is yours to keep even when you change jobs, health plans, or retire. Note that claims must be submitted within one year of the date of service in order to get reimbursed.

Money is contributed by the City on behalf of the employee to a tax exempt, trust account called a VEBA. This is an account that is funded only by the employer, no employee contributions.

**The City contributes half of the employee's deductible into the HRA at the start of employment (pro-rated), and in January each year.**

# Flexible Spending Accounts (FSAs) – Medical and/or Dependent Care Reimbursement

Administered by Further - Group # 008816

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

\*Medical Reimbursement (up to a maximum of \$2,700 per year, with the ability to roll over \$500 per year)

\*Dependent Care (Daycare) Expenses (up to a maximum of \$5,000 per year)

**NOTE:** If you participate in the HSA health plan, you may ONLY participate in the Medical Reimbursement Plan (limited) for vision and dental claims. You can participate in the Dependent Care Reimbursement Plan with no limitations.



## How do they all compare?

Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Medical Flexible Spending Account (FSA)
Employee owned account, Tax exempt	Employer owned account, Tax exempt	Employer owned account, Tax exempt
Contributions can be made by both employers and employees	Only the employer can make contributions	Only the employee can make contributions
Health plan requirements in order to be eligible	No requirements other than choosing the HRA health plan	No requirements - can have with or without a health plan
Can be used for you and your tax dependents	Can be used for you and your dependents (if dependents are not on the health plan, an extra form needs to be completed)	Can be used for you and your dependents
No proof of claims required at time of withdrawal (but keep receipts for IRS)	Claims may need proof at time of withdrawal or reimbursement	Claims do require proof at the time of withdrawal or reimbursement
Account balance rolls over from year to year	Account balance rolls over from year to year	Only \$500 or less will roll over from year to year
Can be used for all 213(d) expenses and certain insurance premiums (Medicare supp premiums not allowed)	Can be used for all 213(d) expenses and certain insurance premiums (Medicare supp premiums not allowed)	Can be used for all 213(d) expenses. Cannot be used for insurance premiums
You cannot withdraw more than you have in your account	You cannot withdraw more than you have in your account	You can withdraw the full amount that you've designated for the year, even if you haven't contributed the amount yet
If you leave or retire - employee owned, so you take it with you	If you leave or retire - can be continued due to our plan design	If you leave or retire - can be continued under COBRA (spend down)
You can designate a beneficiary for the account	No beneficiary designation	N/A

# Voluntary Dental Benefits

Administered by HealthPartners Group # 5609

Keep your teeth healthy and your smile bright with the City of Edina dental benefit plan! You have two options: Low or High Plan.

Please be aware that once you enroll in the High Plan, you can't downgrade to the Low Plan in the future.

Voluntary Dental Plan through HealthPartners		
2020 HealthPartners Dental Premiums		
Employee Only	\$30.24	\$53.61
Employee + Spouse	\$68.64	\$121.51
Employee + Child(ren)	\$58.12	\$120.12
Family	\$97.70	\$189.69
	Low Plan	High Plan
Annual Maximum	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year
Implant Maximum	You pay 100%/No Coverage	Plan pays \$500 per calendar year
Annual Deductible Applies to Basic Care, Special Care & Prosthetics	\$50/person \$150/family per calendar year	\$50/person \$150/family per calendar year
PREVENTIVE/DIAGNOSTIC CARE		
Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing
Sealants	You pay nothing	You pay nothing
BASIC I SERVICES *6 MONTH WAITING PERIOD		
Fillings (amalgam and anterior composite)	You pay 20%	You pay 20%
Posterior composite (white fillings)	You pay 50%	You pay 50%
Simple extraction	You pay 20%	You pay 20%
Non-surgical periodontics	You pay 100%/No Coverage	You pay 50%
Endodontics (root canal therapy)	You pay 100%/No Coverage	You pay 50%
BASIC II SERVICES *6 MONTH WAITING PERIOD		
Surgical periodontics	You pay 100%/No Coverage	You pay 50%
Complex Oral Surgery	You pay 20%	You pay 20%
SPECIAL CARE *12 MONTH WAITING PERIOD		
Restorative crowns & onlays	You pay 100%/No Coverage	You pay 50%
PROSTHETICS *12 MONTH WAITING PERIOD		
Bridges, dentures, & partial dentures	You pay 100%/No Coverage	You pay 50%
Dental implants	You pay 100%/No Coverage	You pay 50%
ORTHODONTICS *12 MONTH WAITING PERIOD		
Orthodontic care for all ages	You pay 100%/No Coverage	You pay 50% with Lifetime Max of \$1,500 paid by plan

\* Waiting Periods: Coverage for services begins after the above stated waiting period (6 or 12 months) of the enrollee's continuous enrollment under this dental plan

## Enhanced Coverage for our Little Partners

Network services for children 12 and under will be covered at 100% without deductible, annual maximum, or frequency limitations. Excluded services include orthodontics, dental implants and services that are not covered for all members.

## Orthodontics

Receive a discount on orthodontic services at three of the top orthodontic clinics in Minnesota - Health Partners Den-tal Clinics, WOW Orthodontics and Orthodontic Care Specialists, LTD.

# Voluntary Vision Benefits

Administered by Avesis - Group # 30912-1048

The Avesis vision care program is available for you and your dependents to help save money on Vision care. Please note that the Avesis vision plan is for materials only (your medical plan will cover an annual Eye Care Exam). See the below summary for a description of the plan.

## The monthly rates are as follows:

<b>Employee</b>	\$5.57
<b>Employee + 1</b>	\$9.73
<b>Family</b>	\$14.46



	Materials Only Plan In-Network	Materials Only Plan Out-of-Network*
<b>Exams</b>	N/A	N/A
<b>Frames— once every 24 months</b>		
Copay or Reimbursement	\$10 Copay	Up to \$45
Allowance or Reimbursement	\$100-\$150 allowance and 20% off balance	
<b>Lenses — once every 12 months</b>		
<b>Standard Lenses:</b> Single Vision, Bifocal, Trifocal, Lenticular	\$10 copay then covered in full	Single: up to \$25 Bifocal: Up to \$40 Trifocal: up to \$50 Lenticular: up to \$80
Standard & Premium Progressive Lens	\$50 allowance and 20% off retail	Progressive: up to \$40 Speciality: Same as Standard Lense reimbursement
<b>Lens Options:</b> UV Treatment, Tint, Scratch Coating, polycarbonate, Anti-reflective, and Other add-ons	20% off retail	same as in network benefit
<b>Contact Lenses — once every 12 months</b>		
Conventional	\$0 copay; \$130 allowance	Elective: Up to \$130
Disposable	\$0 copay; \$130 allowance	
Medically-necessary	Paid in full	Up to \$250

## Using Out-of-Network Providers

\*If you elect to use an out-of-network provider, you must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed.

\*Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avesis provider.

\*Out-of-network claim forms can be obtained on Edinet, by contacting Avesis' Customer Service Center, or by visiting [www.avesis.com](http://www.avesis.com).

# Life and Accidental Death & Dismemberment Insurance

Insured by Sun Life Financial Policy # 237716

## Basic Group Term Life Insurance equal to \$20,000

✦ The city provides a \$20,000 term life and accidental death and dismemberment insurance policy at no cost to all Full time employees.

# Voluntary Life and AD&D Insurance

Insured by Sun Life Financial Policy # 237716

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

**For you:** Choose an amount between \$5,000 and \$500,000 in increments of \$5,000. Guaranteed Issue Amount is \$150,000.

**For your spouse:** Choose an amount up to \$250,000, in increments of \$5,000. Guaranteed Issue Amount is \$75,000.

**For your dependent child(ren):** Choose an amount of \$10,000 or \$15,000 for each eligible child from birth to 26 years.

Optional Life Rates									
Employee or Spouse's Age	Under 30	30-39	40-44	45-49	50-54	55-59	60-63	65-69	70+
Monthly Cost per \$1,000 of coverage	\$0.07	\$0.10	\$0.11	\$0.17	\$0.23	\$0.38	\$0.63	\$1.13	\$1.68
All Eligible Children	\$0.90 for \$10,000 or \$1.35 for \$15,000								

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



# NCPERS/Decreasing Term Life Insurance

Provided by National Conference on Public Employee Retirement Systems - Group # 4410-00

Through PERA (our pension fund), you also have the option of another kind of life insurance. Every member, regardless of age, pays the same cost—**just \$16 a month**. Your cost does not increase with age. The plan pays out more in your younger years and less as you get older.

## Advantages

\*Guaranteed Acceptance – no health questions asked

\*24/7 Coverage – on or off the job

\*Affordable – \$16 a month regardless of your age

\*Easy Payment – by automatic payroll deduction

Schedule of Benefits – \$16 Monthly Contribution (covers you, your spouse or domestic partner, and your children)					
Members Age at time of claim	Member			Dependent	
	Group Term Life	Group AD & D	Total Benefit for Accidental Death	Group Term Life Spouse/Domestic Partner	Group Term Life Children
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25–29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30–39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40–44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45–49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50–54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55–59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60–64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

For additional information about the NCPERS Life Insurance plan, or how to file a claim, contact 800.525.8056 or visit

[www.ncpersvoluntarylife.com/mn](http://www.ncpersvoluntarylife.com/mn)

# Long-Term Disability Insurance

Insured by Sun Life - Policy #

The city provides full-time employees a Long Term Disability (LTD) benefit at **no cost to you**. LTD provides income for you in the event you are out of work for more than 90 days, due to an accident or sickness.

**Benefit Amount:** 60% of monthly income to a \$6,000 max

**Benefit Waiting Period:** 90 days

**Maximum Benefit Period:** to age 65

**Definition of Disability:** you are unable to perform the material duties of your regular occupation, and solely due to Injury or Sickness, you are unable to earn more than 80% of your Indexed Covered Earnings; and

after Disability Benefits have been payable for 36 months, you are unable to perform the material duties of any occupation for which you may reasonably become qualified based on education, training or experience, and solely due to Injury or Sickness, you are unable to earn more than 80% of your Indexed Covered Earnings.

**Survivor Benefit:** A 3 month lump sum survivor benefit is payable if you die while receiving LTD benefits.

**Limitations and Exclusions:** Benefits for Mental & Nervous and Substance Abuse claims are limited to two years.

**Exclusions:**



# Short-Term Disability Insurance

Insured by Sun Life - Policy #

You can protect your income for the first 90 days of a disability by enrolling in Short Term Disability insurance. Benefits will begin once you have been disabled for 15 consecutive days. You don't have to fill out any kind of health questionnaire, but they do have a 12 month pre-existing condition exclusion that you need to be aware of.\*

<b>Min/Max Weekly Benefits</b>	\$100 / \$1,000 - Not to exceed 60% of your weekly salary.
<b>Elimination Period</b>	Benefits are payable on the 15th day of injury or sickness
<b>Max Benefit Period</b>	13 weeks following the elimination period

\*Please note, Short-Term Disability coverage has a 12/12 preexisting condition clause, which means having a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the policy.

**You may select your level of coverage from weekly benefits of \$100 to \$1000 in \$50 increments, not to exceed 60% of weekly gross earnings. Premiums are based on age and will increase as you age, as shown on the chart below:**

WEEKLY BENEFIT**	under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
per \$100	\$2.76	\$2.76	\$2.66	\$2.57	\$2.76	\$2.95	\$3.52	\$4.85	\$5.99	\$6.27	\$6.27

\*\*To Calculate Monthly Premium: (Monthly Benefit/100 x Rate = Monthly Premium)

# Group Accident Insurance

Administered by Cigna - Policy # A1960627

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. These benefits can help you pay for out-of-pocket medical and non-medical costs.

You have two options (low plan and high plan) to choose from, depending on your needs.



Group Accident Insurance		
Monthly Premiums	Low Plan	High Plan
<b>Employee Only</b>	\$9.70	\$16.95
<b>Employee + Spouse</b>	\$16.40	\$28.75
<b>Employee + Child(ren)</b>	\$16.10	\$28.20
<b>Family</b>	\$22.80	\$39.75
	Low Plan	High Plan
<b>Portability</b>	Yes, to age 100	Yes, to age 100
<b>Wellness Benefit</b>	\$50 paid annually	\$50 paid annually
Initial Accident Hospitalization	\$500	\$1,500
Accident Hospital Confinement	\$100/Day	\$300/Day
ICU Initial Accident Hospitalization	\$500	\$1,500
ICU Hospital Confinement	\$200/Day	\$400/Day
Accident Emergency Treatment	\$100	\$200
Accident Follow-up Treatment	\$50/Day	\$100/Day
Ambulance	\$100 Ground \$300 Air	\$200 Ground \$600 Air
Appliances	\$100	\$150
Blood/Plasma/Platelets	\$100	\$200
Burns	3rd degree: \$300 2nd degree: \$100 Skin grafts: 50%	3rd degree: \$900 2nd degree: \$300 Skin grafts: 50%
Coma	\$5,000	\$10,000
Concussion	\$100	\$150
Dislocation	Surgery: up to \$2,000 Non-Surgery: up to \$1,000	Surgery: up to \$4,000 Non-Surgery: up to \$2,000
Emergency Dental Work	\$100 Extractions	\$150 Extractions
Eye Injury	Surgery: \$200 Object Removal: \$100	Surgery: \$400 Object Removal: \$200
Fractures	Surgery: up to \$2,000 Non-Surgery: up to \$1,000	Surgery: up to \$4,000 Non-Surgery: up to \$2,000
Lacerations	\$50-\$100	\$100-\$200
Lodging	\$50/Day	\$75/Day
Major Diagnostic Exams	\$50	\$75
Pain Management	\$100	\$200
Paralysis	Paraplegia: \$1,000 Quadraplegia: \$2,000	Paraplegia: \$3,000 Quadraplegia: \$6,000
Physical Therapy	\$25	\$50
Prosthesis	\$200	\$500
Surgical Procedures	Open Abdomin: \$1,000 Tendons: \$200 Misc.: \$500	Open Abdomin: \$1,500 Tendons: \$400 Misc.: \$750
Transportation	\$100	\$200

# Group Critical Illness Insurance

Provided by Cigna - Policy # C1960620

This plan will give you a lump-sum benefit that you elect for the following illnesses: Invasive Cancer, Heart Attack, Stroke, Kidney Failure, Major Organ Transplant, Amyotrophic Lateral Sclerosis, Paralysis, and Blindness. An annual wellness benefit of \$75 is paid for the following tests but is not limited to: mammography, bone marrow testing, pap smear, breast ultrasound, colonoscopy, and certain blood tests. All benefits are paid directly to you.

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

Issue Age	Employee	Employee + Spouse	Employee + Children	Family
<25	\$5.82	\$10.39	\$6.19	\$10.76
25 to 29	\$6.59	\$11.55	\$6.97	\$11.92
30 to 34	\$8.52	\$14.30	\$8.90	\$14.68
35 to 39	\$11.73	\$19.18	\$12.10	\$19.55
40 to 44	\$15.00	\$24.18	\$15.37	\$24.55
45 to 49	\$21.57	\$34.27	\$21.94	\$34.64
50 to 54	\$29.49	\$34.27	\$29.87	\$47.97
55 to 59	\$39.41	\$47.60	\$39.79	\$64.72
60 to 64	\$50.53	\$82.90	\$50.90	\$83.27
65 to 69	\$62.42	\$100.39	\$62.79	\$100.76
70 to 74	\$87.29	\$138.29	\$87.66	\$138.67
75 to 79	\$121.61	\$182.09	\$121.99	\$182.46
80 to 84	\$153.67	\$223.14	\$154.04	\$223.51
85 +	\$189.66	\$293.71	\$190.04	\$294.09



\* The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

# Group Hospital Care Insurance

Provided by Cigna - Policy # C1960620

A hospital stay can happen at any time and it can be unexpected and expensive! This benefit can help you cover these unexpected events, so you can focus on getting better. Benefits are paid directly to you and can be spent any way you choose. It covers hospital admission, daily hospital and ICU stays, hospital admissions for chronic conditions, and hospital observation stays. There are NO health questions and NO pre-existing conditions limitations!

Group Hospital Care Insurance	
	Monthly Premiums
Employee Only	\$19.78
Employee + Spouse	\$40.87
Employee + Child(ren)	\$35.30
Family	\$56.39
<b>Benefit Waiting Period</b>	30 days
<b>Wellness Benefit</b>	\$50 paid annually
Hospital Admission	\$1,000 per day
Hospital Chronic Condition Admission	\$50 per day
Hospital Stay	\$100 per day
Hospital ICU Stay	\$200 per day
Hospital Observation Stay	\$100 per 24 hour period



# Public Employees Retirement Association



As a local government employee, you're automatically a member of the Public Employee's Retirement Association (PERA) and you don't have to manage a thing. A pension is a retirement account that your employer maintains to give you a fixed payout when you retire. You contribute a percentage of total annual earnings to PERA and the city contributes a certain percentage too. You are vested in PERA after 60 months of public service if you started your government career after 2010.

Employer Required Contribution	Employee Required Contribution
7.5% of salary	6.5% of salary

Participation in the **Police and Fire Fund** requires employment as a law enforcement officer or firefighter meeting certification and job-related duties specified by statute. The employee and employer are responsible for also contributing to PERA on the employees behalf:

Employer Required Contribution	Employee Required Contribution
17.70% of salary	11.80% of salary

Visit MY PERA at [www.member.mnpera.org](http://www.member.mnpera.org) to gain instant online access to benefit estimates, account balances and personal data. Members can also register for PERA's educational programs and individual conferences on line with instant reservation confirmation.

## Deferred Compensation for Retirement

If you are just starting your career or if you are nearing the end, its never too early or too late to save for retirement! The City of Edina offers 4 options for deferred compensation. You can contact the companies listed below at any time to set up an account, or to change your deductions/investments. You can also get an informational booklet from Human Resources on the plan of your choice at any time.

Empower	ICMA-RC	MN DCP	VOYA
Customer Service	Alvin Floyd	Steve Eilen	Steve Olsonoski
1-800-695-4952	1-800-729-4457 opt.3	651-756-0429	952-225-0348
<a href="http://www.empower-retirement.com">www.empower-retirement.com</a>	<a href="http://www.icmarc.org">www.icmarc.org</a>	<a href="http://www.msrs.state.mn.us">www.msrs.state.mn.us</a>	<a href="http://www.voyaretirementplans.com">www.voyaretirementplans.com</a>
Plan: 340219-01	Plan: 300370	Plan: 650251	Plan: 664015

### Contributions

You can make pre-tax contributions to a Section 457 Deferred Compensation Plan through the above options. The funds become taxable income when withdrawn in retirement. You can also enroll or make changes to this plan **at any time** – there is no “open enrollment” period for Deferred Compensation.

### Annual Limits

Total annual contributions to the plan cannot exceed statutory limitations.

2020:

Annual Contribution Limit (Normal Deferral):	\$19,000
“Age 50” Catch Up Limit (Additional \$6,000):	\$25,000
“Pre-Retirement” Catch Up Limit (Double Normal Deferral):	\$38,000



\*The “age 50” catch-up provision increases the annual 457 contribution limits for participants who are 50 or older.

\*The “pre-retirement” catch-up provision allows eligible participants to make up for years in which they did not contribute the maximum that they were allowed. Using this provision, you can contribute up to double the regular contribution limit for a period of three years immediately preceding your declared normal retirement age. You can't use both types of catch-up provisions in the same calendar year. Contact HR/Payroll to determine if you are eligible for the catch-up provision.

### Investments

You have the option of investing your contributions in a variety of mutual funds, cash accounts, and stocks or bond accounts through the deferred compensation providers.



# Employee Assistance Program

Administered by HealthPartners Group # 5609

Whether you or your family need help with your personal life or are having issues at work, HealthPartners Employee Assistance Program (EAP) is here for you. Call 24/7 for help from a counselor finding child care, dealing with a loss, finding community resources and more.

Help by phone

Help online

Help face-to-face

Help at your fingertips



**HealthPartners EAP is here for you anytime, day or night.**

Call 866-326-7194 or TTY 866-228-2809, text US HPEAP and your question to 919-324-5523 or log on to [hpeap.com](http://hpeap.com).

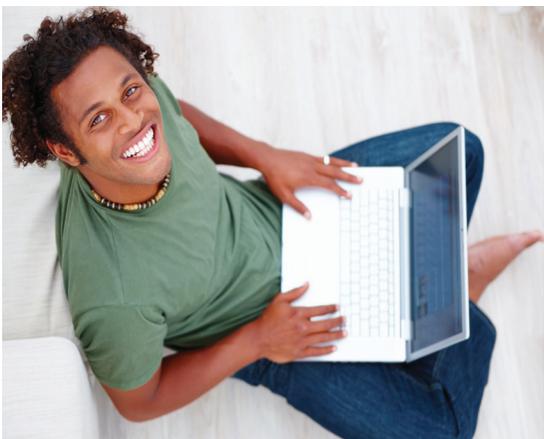
Website password:

iConnectYou passcode:

## Contact Information

If you have specific questions about any of the benefit plans, please contact your Human Resources department at 952-826-0404 or the administrator listed below.

Benefit	Administrator	Phone	Website
Medical	HealthPartners	952.883.5000	<a href="http://www.healthpartners.com">www.healthpartners.com</a>
HSA, HRA & FSA	Further	1.800.859.2144	<a href="http://www.hellofurther.com">www.hellofurther.com</a>
Dental	HealthPartners	952.883.5000	<a href="http://www.healthpartners.com">www.healthpartners.com</a>
Vision	Integrity Employee Benefits	651.437.7977	<a href="http://www.integrityeb.com">www.integrityeb.com</a>
Life and AD&D Insurance			
Voluntary Life and AD&D Insurance			
Long-Term Disability			
Short Term Disability			
Group Accident / Hospital / Critical Illness			
NCPERS	HealthSmart Benefit Solutions, Inc	1.800.525.8056 NCPERS@healthsmart.com	<a href="http://www.ncpersvoluntarylife.com/mn">www.ncpersvoluntarylife.com/mn</a>
PERA		1.800.652.9026	<a href="http://www.mnpera.org">www.mnpera.org</a>
Employee Assistance Program	HealthPartners	866.326.7194	<a href="http://www.hpeap.com">www.hpeap.com</a> password: edina



Check out Edinet for more info!

<https://edinet.edinamn.gov>

click on the Benefits Portal under the Benefits and Wellness Tab

## NOTES

*This benefit summary prepared with help from:*



**Gallagher**

Insurance | Risk Management | Consulting