

RETIREE INSURANCE BENEFIT PLANS & REFERENCE GUIDE

2025



All Employee and Retiree benefits are subject to change each year.



*Please keep
this guide
for future
reference.*

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NOTE: This Reference Guide describes the Ramsey County Retiree Insurance Plan, as it currently exists.
It is subject to change in subsequent years.

The materials describing medical and dental benefits are for informational purposes. They do not constitute an insurance contract or policy. In any instance where there is a discrepancy between this information and the applicable contract, the terms of that contract will apply.

Prepared by Ramsey County Human Resources Department
October 2024

ELIGIBILITY REQUIREMENTS FOR RETIREE INSURANCE

To be eligible for Ramsey County retiree insurance benefits you must meet all of the following:

- Be eligible to begin receiving benefits under the Public Employees Retirement Act (PERA) at the time you retire from Ramsey County.

You can qualify for PERA in one of the following ways:

- 1) PERA Coordinated Plan: be at least age 55, with 3 years of PERA service; or
 - 2) PERA Police and Fire Plan or Correctional Plan: be at least age 50, with 3 years of PERA service; or
 - 3) Be at least full Social Security retirement age (some exceptions apply, see PERA website), with 1 year of PERA service; or
 - 4) At any age if eligible for PERA Disability Retirement, with 3 years of PERA service (for more information contact PERA at (651) 296-7460 or (800) 652-9026); or
 - 5) At any age with 30 years of service with PERA (only if you were first eligible for PERA prior to July 1, 1989).
- Be a full or part-time employee participating in and receiving County contribution to any Ramsey County employee insurance benefit program at the time of retirement.
 - Have completed the required insurance application form and provided any documentation required by the County.

Early Retirees: Employees retiring from Ramsey County prior to age 65 are called Early Retirees. Early Retirees must transfer to a Regular Retiree plan upon reaching age 65, or earlier, if qualified for Medicare A and B.

Regular Retirees: Retirees aged 65 or older are called Regular Retirees. Disabled retirees who have Medicare A & B are also included in this group regardless of age.

Application Process for Retiree Insurance

Eligible employees should apply for retiree insurance coverage at least 60 days prior to retirement. Participants going from the Early Retirees' insurance plan to the Regular Retirees' plan must also complete a new application form. This should be done at least 60 days before becoming eligible to become a Regular Retiree.

Forms are available by contacting Ramsey County Human Resources

**121 7th Place East, Suite 4000
St. Paul, MN 55101
Telephone: 651-266-2731**

OPPORTUNITIES TO ENROLL OR MAKE CHANGES IN MEDICAL COVERAGE

If eligible, you may enroll in or change medical coverage within 31 days of any of the following:

- When you retire from Ramsey County.
- When you qualify for Medicare (if you qualified as a retiree for insurance purposes when you left Ramsey County).
- When a qualifying event occurs (e.g., marriage, divorce, death, termination of spouse's employment, losing coverage through another employer etc.), subject to the policies, rules, and regulations of the medical insurance carrier. This only applies if you qualified as a retiree for insurance purposes when you left Ramsey County.

Retirees **who are already enrolled** in medical coverage may also make changes during the annual open enrollment period.

COUNTY CONTRIBUTION TO RETIREE MEDICAL INSURANCE PREMIUMS

Employees eligible to participate in the retiree medical insurance plan, who were hired prior to January 1, 2006*, may be eligible for a County contribution toward retiree medical insurance, based on the following:

1. The defined County contribution.
2. Whether you are an Early or Regular Retiree.
3. When you retired.
4. When you were hired.
5. Length of service with the County.

**Does not apply to employees hired between July 1, 1992 and January 1, 2006, who made the one-time election to participate in the Health Care Savings Plan and waived eligibility for a County contribution toward retiree insurance.*

Eligible employees hired on or after January 1, 2006, as well as other eligible employees who do not meet the requirements for a County contribution, may still participate in the Early or Regular Retiree insurance program but will pay the entire premium for themselves and their dependents.

Defined County Contribution

The defined County contribution for Early Retirees insurance for 2025 has not yet been set by the County Board. The current defined County contribution for 2024 is as follows:

Early Retirees - The defined County contribution for medical insurance is the same as the County contribution to Employee medical insurance.

Regular Retirees (Retired prior to January 1, 1996) - The defined County contribution is an amount not to exceed the premium for the early retiree plan (Blue Cross Blue Shield Broad Plan).

Regular Retirees (Retiring on or after January 1, 1996) – The defined County contribution for medical insurance is an amount not to exceed the premium for the BCBS Broad plan for active employees, except the retiree will pay no less than \$55 per month for single coverage; for family coverage, it is an amount not to exceed the County contribution for family coverage for active employees, except the retiree will pay no less than \$110 per month for family coverage.

Length of Service Requirement

Employees hired before July 1, 1992, who have the hourly equivalent of 10 years consecutive County service (20,800 hours), or five years (10,400 hours) for an employee retiring under a PERA disability, will get the full-defined County contribution. Those who have less than the 10-year or five-year (disabled employee) requirement will get no County contribution.

Employees hired on or after July 1, 1992 and prior to January 1, 2006, who have the hourly equivalent of 20 years (41,600 hours) of consecutive County employment when they retire, will get 50% of the defined County contribution. Those with more than 20 years will get an additional 4% per year, up to 90% of the defined County contribution for those with 30 years or more. Those with less than 20 years or those who chose to participate in the Health Care Savings Plan (HCSP) in lieu of county contributions to retiree insurance will get no county contribution towards the retiree insurance premium.

Retiree Payment for Insurance Premiums

Retirees will be billed quarterly by Ramsey County for any health and dental premiums required to be paid by the retirees. Due date for payment will be printed on the invoice. Retirees who are continuing their life insurance coverage will be directly billed quarterly by Securian.

SURVIVING SPOUSE AND DEPENDENT BENEFITS

The surviving spouse and dependents of a deceased retiree will be allowed to continue coverage in the plan and may be eligible for a County contribution until the spouse's remarriage or the dependent's loss of dependent status. If they elect to continue, they are permitted to participate in annual open enrollments. Health plan choices will be the same as for other similarly situated retirees. The County contribution for the surviving spouse and/or dependent is determined in the same way as it would have been for the deceased retiree.

If the surviving spouse remarries, or the dependent loses dependent status, they will be allowed to continue in the County plan subject to the terms of state and federal continuation laws, but they will be responsible for the entire premium.

MEDICARE

Medicare is the government health insurance program for people 65 or older, or those who qualify through a disability, that supplements the County's retiree insurance program. The following information in this section is meant to provide a general summary of Medicare.

You may contact Social Security with questions or for more specific information at (800) 772-1213, between the hours of 7:00 a.m. and 7:00 p.m., Monday through Friday.

You may also visit the local Ramsey County Social Security Office located at 332 Minnesota Street, Suite N650, in downtown St. Paul.

The following websites may be helpful to you as well: www.ssa.gov and www.medicare.gov

Medicare consists of:

Part A - Hospital insurance, which is financed by paying FICA-HI as an employee. (Ramsey County employees who did not pay into FICA-HI, may also be entitled to receive Medicare A if they qualify through a previous employer, or if their spouse is at least age 62 and entitled to Medicare A at age 65). Retirees who are eligible to receive Social Security benefits either on their own or through their spouse are not charged for Medicare A coverage at age 65. Retirees who are ineligible for Social Security benefits may purchase Medicare A. In 2024, the Medicare A premium is \$278 or \$505 per month, depending on how long you or your spouse worked and paid Medicare taxes. The 2025 rate for Medicare part A has not yet been set.

Part B - Medical insurance that is financed by monthly premiums paid by those who choose to enroll. It primarily covers physicians' services. Retirees who are 65 may enroll in Part B even if they are ineligible for Social Security benefits. All retirees are charged a premium for Medicare B. In 2024, the standard Medicare B premium for new enrollees is \$174.70 per month. Some may pay higher or lower premiums depending on income. The 2025 rate for Medicare part B has not yet been set.

Part C - Medicare-approved private health insurance plans (referred to as Medicare Advantage Plans) for individuals enrolled in Original Medicare (both Part A and Part B). When you participate in a Medicare Advantage plan, you must continue to pay your Part B premium. Medicare Advantage plans provide all your Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) coverage. Many plans include prescription drug coverage as well. These plans often have specific provider networks, which mean you may have to see certain doctors and go to certain hospitals in the plan's network to get care. Each Medicare Advantage plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or can use only doctors, facilities, or suppliers in the network).

Part D - Medicare Prescription Drug Coverage, provided by private companies that have been approved by Medicare. The cost of Medicare D varies depending on insurance company and plan design. Retirees who are enrolled in the Medicare Advantage medical plans offered through Ramsey County will automatically be enrolled in a corresponding Medicare Part D plan through

the insurance company. The premium for these retiree medical plans includes the cost of the Part D coverage. Some retirees may pay an additional Medicare D Premium (deducted from their Social Security check or directly billed) depending on income.

Retirees who are already receiving Social Security benefits prior to age 65 will automatically receive a Medicare card in the mail prior to their 65th birthday. Retirees who are not receiving Social Security benefits prior to age 65 must apply for Medicare coverage. Applications should be made online or at the Social Security Office three months prior to reaching age 65.

LIFE INSURANCE COVERAGE EARLY AND REGULAR RETIREES

Early and Regular Retirees may continue their Basic and Optional Life insurance at the group rate for 18 months following their retirement. They then have the option of either converting or porting to other coverage (portability) without evidence of insurability. Retirees who are continuing their life insurance coverage will be billed quarterly by Minnesota Life / Securian. A continuation form will be mailed to you after your retirement date.

DENTAL COVERAGE EARLY AND REGULAR RETIREES

Dental coverage through MetLife Dental is only available if you were enrolled in dental coverage as an active employee at the time you retired. Coverage for family is available only if you were enrolled in that family coverage tier as an active employee at the time of retirement. Once you terminate coverage, you cannot re-enroll. There is no County contribution towards retiree dental insurance.

If you are currently participating in the County's program, you can choose between Ramsey County Select plan and Ramsey County Open plan at the time of open enrollment for insurance benefits. Each family member must participate in the same plan as the retiree.

METLIFE RAMSEY COUNTY SELECT DENTAL PLAN

By choosing this plan, you have access to MetLife's PDP Plus network, and have a higher calendar year maximum. Choose from more than 2,300 dentists in Minnesota and 133,000 nationally. Each time you make an appointment, you or your family member can select a dentist. Choosing a dentist in network provides the most cost-effective care and provides richer benefits.

Non-participating dentist –You can choose to receive services from a dentist who does not participate in the MetLife PDP Plus network. However, you pay your coinsurance as well as the difference between what the dentist charges and the allowable fee, which may result in significant out-of-pocket expenses. It is recommended that your dentist submit a pre-treatment estimate for services over \$300 to MetLife to identify costs prior to receiving services.

METLIFE RAMSEY COUNTY OPEN PLAN

Choose from more than 2,300 dentists in Minnesota and 133,000 nationally. Each time you make an appointment, you or your family member can select a dentist. Choosing a dentist in network provides the most cost-effective care and provides richer benefits.

Non-participating dentist –You can choose to receive services from a dentist who does not participate in the MetLife PDP Plus network. However, you pay your coinsurance as well as the difference between what the dentist charges and the allowable fee, which may result in significant out-of-pocket expenses. It is recommended that your dentist submit a pre-treatment estimate for services over \$300 to MetLife to identify costs prior to receiving services.

DENTAL RATES

Both Early and Regular Retirees who continue their Dental coverage must pay the full premium. The County does not contribute to the cost of premiums for retiree dental coverage.

	2025 Monthly Premium Select Plan	2025 Monthly Premium Open Plan
Retiree	\$41.28	\$37.57
Retiree + Spouse	\$66.76	\$61.00
Retiree + Child(ren)	\$73.72	\$66.86
Retiree with Family	\$122.90	\$112.09

Member Services: 1-800-GET-MET8

or

www.mybenefits.metlife.com

PDP Plus network Plan Comparison

Dental Services	Ramsey County Select Plan		Ramsey County Open Plan	
	In network	Out of network	In network	Out of network
Calendar Year Annual Maximum – combined across all tiers	\$2,000	\$2,000	\$1,200	\$1,200
Annual Deductible	\$25/ person \$75/ family	\$75/ person \$225/ family	\$25/ person \$75/ family	\$25/ person \$75/ family
Type A Services				
Preventive/Diagnostic Care	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Amalgam Fillings	100%	100%	100%	100%
Non-Surgical Periodontics	100%	100%	100%	100%
Surgical Periodontics	100%	100%	100%	100%
Endodontics	100%	100%	100%	100%
Simple Extractions	100%	100%	100%	100%
Oral Surgery	100%	100%	100%	100%
Type B Services				
Posterior Composite	80%	80%	80%	80%
Crowns, Onlays	80%	80%	80%	80%
Type C Services				
Bridges & Dentures	50%	50%	50%	50%
Dental Implants	50%	50%	50%	50%
Orthodontics	50%	50%	50%	50%
Lifetime maximum for dependents under age 19	\$1,000	\$1,000	\$1,000	\$1,000
<p>This is an overview of MetLife coverage. Out of network coverage is also available in both plans. For exact coverage terms and conditions consult your plan materials or call Member Services at 800-GET-MET8.</p>				

MEDICAL COVERAGE FOR REGULAR RETIREES

There are three medical plans available to Regular Retirees in 2025:

1. UnitedHealthcare Premier Plan
2. UnitedHealthcare Standard Plan
3. Blue Cross Blue Shield Broad Plan*

** Participation in the plan is limited to Regular Retirees who are ineligible for Medicare Part A along with their families.*

UnitedHealthcare Group Medicare Advantage PPO Plans

For 2025, UnitedHealthcare (UHC) will offer 2 Group Medicare Advantage PPO plans. Both plans provide Part D coverage. You should not individually enroll in a different Medicare Part D plan, or you will not be eligible to participate in either Group Plan.

Retirees and spouses must have Medicare A & B.

Retirees in either the Premier plan (Group 13495) or the Standard Plan (Group 13496) can see any Medicare provider and there is no additional cost-sharing for out-of-network providers. That means retiree members pay the same cost-sharing whether they see in-network or out-of-network providers under either plan.

Premier Plan

This Plan provides 100% coverage for preventive health care; a \$15 Primary Care Physician office visit copay (\$30 for Specialist office visit); a \$30 copay for urgent care visits; a \$75 copay for emergency room visits; and 100% coverage for inpatient care after a \$100 copayment, per admit. Outpatient surgery is subject to a \$75 copay. MRI/CT scans are covered at 90% with the member paying a co-insurance of 10%. This plan also provides preventative dental coverage with a \$0 co-pay. The maximum out-of-pocket cost for medical care is \$1,100 per person.

Standard Plan

This Plan provides 100% coverage for preventive health care; a \$25 Primary Care Physician office visit copay (\$40 for Specialist office visit); a \$40 copay for urgent care visits; a \$75 copay for emergency room visits; and 100% coverage for inpatient care after a \$200 copayment, per admit. Outpatient surgery is subject to a \$150 copay. MRI/CT scans are covered at 80% with the member paying a co-insurance of 20%. This plan also provides preventative dental coverage with a \$0 co-pay. The maximum out-of-pocket cost for medical care is \$3,000 per person.

Additional Wellness/Clinical Programs included with the UHC Premier and Standard plans:

- **Health Products Benefit Program** - \$50 quarterly allowance (expires each quarter / does not roll over) for the purchase of over-the-counter health related products as shown in the product catalog.

(Additional Wellness/Clinical Programs, Continued)

- **UHC Healthy At Home** - Post-Discharge Program, following each discharge: - 12 non-emergency medical rides - 28 home delivered meals - 6 hours in-home personal care.
- **Digital Wellness Coaching Programs including:** • Wellness Coaching blended model of personal coaching, self-paced online learning, and digital support across a variety of wellbeing topics such as healthy eating, sleep management, and more. • Quit For Life tobacco cessation program using an evidence-based combination of physical, psychological, and behavioral strategies to help members overcome their addiction to tobacco. • Real Appeal: two digital weight loss programs: Real Appeal Weight Loss Support and Real Appeal Diabetes Prevention.
- **Personal Emergency Response System** - Benefit includes a lightweight device (worn on the wrist or as a pendant) that provides 24/7 access to emergency care.
- **UHC Global Travel Assistance Program**
- **Renew Active® by UnitedHealthcare** -Renew Active is the gold standard in Medicare fitness programs for the body and mind, available at no additional cost to you. Renew Active provides you the chance to stay both physically and mentally fit with a free gym membership, access to our nationwide network of gyms and fitness locations. It also provides personalized fitness plan, access to on-demand workout videos and live streaming fitness classes, social activities at local health and wellness classes and events, an online brain health program, and it allows you to connect with others at local health and wellness events through the Fitbit community.
- **Preferred Diabetic Supply Program** – Use of an approved brand of meter and test strips with a \$0 copay.
- **Member Rewards Program** - Reward cards for completing certain health care activities.
- **HouseCalls Program**- have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.
- **UHC Hearing Aid Discount Program** - Available services and offerings may be limited in the U.S. Territories
- **Let's Move Program** - A wellness program helping retirees explore ways to eat well, be active, improve mental health, stay connected, and build financial literacy.
- **Case and Disease Management, including:** - High Risk Members - Heart Failure - Respiratory Illness - Kidney Disease - Diabetes - Behavioral Health

**2025 Ramsey County
UnitedHealthcare Group Medicare Advantage PPO Retiree Plan Options**

This is a brief overview of plan benefits prepared by Ramsey County. Your 2025 UnitedHealthcare Evidence of Coverage will provide more complete information. You may also call UnitedHealthcare Customer Service at **1-844-588-5872, TTY 711, 8:00am -8:00pm local time, Monday-Friday.**

Benefit/Service within U.S.	Premier Plan (Group 13495)	Standard Plan (Group 13496)
Lifetime maximum	Unlimited	Unlimited
Annual out-of-pocket maximum	\$1,100 (Medical only)	\$3,000 (Medical Only)
Preventive Health Care		
Routine physical, eye & hearing exams	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage
Office Visits		
For illness or injury—Primary Care Physician	\$15 copay	\$25 copay
Specialist Office Visit	\$30 copay	\$40 copay
Mental Health- Individual Visit	\$30 copay	\$40 copay
Mental Health- Group Visit	\$15 copay	\$25 copay
Chiropractic	\$20 Copay	\$20 copay
E-visits	100% coverage	100% Coverage
Inpatient Hospital Care		
For illness or injury—including Mental and Chemical Health	\$100 copay, per Admit	\$200 copay, per Admit
Skilled nursing facility	100% coverage	100% coverage
Emergency Care		
Emergency room in the U.S.	\$75 copay	\$75 copay
Urgently needed care in the U.S.	\$30 copay	\$40 copay
Ambulance in the U.S.	100% coverage	100% coverage
Outpatient Medical Services and Supplies		
Outpatient Surgery	\$75 Copay	\$75 Copay
Outpatient Observation	100% coverage	\$125 Copay
Outpatient Services	\$75 Copay	\$150 Copay
Physical/occupational therapy		
Speech/language therapy	\$30 copay	\$40 copay
Durable medical equipment—includes Prosthetics and Diabetic	90% coverage	80% coverage
Diabetes monitoring supplies	100% coverage	100% coverage
Diagnostic tests, radiology, lab services	90% coverage	80% coverage
MRI/CT scans	90% coverage	80% coverage

Benefit/Service within U.S.	Premier Plan (Group 13495)	Standard Plan (Group 13496)
Preferred Generic drugs	\$10 copay/one- month supply	\$10 copay/one- month supply
Preferred Brand	\$30 copay	\$30 copay
Non-preferred drugs	\$50 copay	\$50 copay
Specialty drugs	\$30 copay	\$30 copay
Catastrophic coverage After total out-of-pocket costs reach \$2,000		
Other		
Medicare Part B drugs	80% coverage	80% coverage
Preventive Dental	\$0 copay for 2 cleanings, 2 exams, 1 x-ray	\$0 copay for 2 cleanings, 2 exams, 1 x-ray
Hearing aids	\$1500 allowance toward the purchase of a hearing aid through UHC Hearing every 12 months (combined)	\$1500 allowance toward the purchase of a hearing aid through UHC Hearing every 12 months (combined)

**Monthly Medical Insurance Premiums for Eligible Regular Retirees
Eligible Regular Retirees who retired prior to January 1, 1996**

*The County and Retiree contributions for medical insurance listed below are for 2024.
The County and Retiree contributions for 2025 have not yet been set by the County Board.*

<u>United Health Care Premier</u>	2025 Total Rate	2024 Total Rate	2024 Defined County Contribution	2024 Retiree Pays
Single	\$204.38	\$204.38	\$204.38	\$0
Retiree & Spouse, both with Medicare A&B	\$408.76	\$408.76	\$408.78	\$0
Retiree & Spouse without Medicare	\$1,164.52	\$1,086.05	\$1,086.05	\$0
Retiree & Spouse without Medicare plus child(ren)	\$2,316.68	\$2,144.05	\$2,144.05	\$0
Retiree & Spouse with Medicare plus one child	\$1,282.14	\$1,210.76	\$1,210.76	\$0
Retiree & Spouse with Medicare and two or more children	\$1,650.06	\$1,548.61	\$1,548.61	\$0

United Health Care Standard

Single	\$174.19	\$174.19	\$174.19	\$0
Retiree & Spouse, both with Medicare A&B	\$348.38	\$348.38	\$348.38	\$0

Blue Cross Blue Shield Broad (limited to
Retiree 65 and over WITHOUT
Medicare)

Single	\$960.14	\$881.67	\$881.67	\$0
Retiree + Spouse	\$2,016.29	\$1,851.51	\$1,851.51	\$0
Retiree + Child(ren)	\$2,112.30	\$1,939.67	\$1,939.67	\$0
Family	\$3,168.46	\$2,909.51	\$2,909.51	\$0

All the County contributions listed above are subject to the date of hire and length of service provisions established by previous County Board resolutions.

Dental Rates – see Dental Section, Page 9

Monthly Medical Insurance Premiums for Eligible Regular Retirees
Eligible Regular Retirees Hired Prior to 7/1/92 and retired in or after 1996

The County and Retiree contributions for medical insurance listed below are for 2024.

The County and Retiree contributions for 2025 have not yet been set by the County Board.

	2025 Total Rate	2024 Total Rate	2024 Defined County Contribution	2024 Retiree Pays
<u>SINGLE Coverage</u>				
United Health Care Premier	\$204.38	\$204.38	\$149.38	\$55.00
United Health Care Standard	\$174.19	\$174.19	\$119.19	\$55.00
Blue Cross Blue Shield Broad Plan*	\$960.14	\$881.67	\$826.67	\$55.00
*Limited to retirees over 65 not eligible for Medicare				
<u>FAMILY Coverage</u>				
UHC Premier				
Retiree + Spouse, both with Medicare A&B	\$408.76	\$408.76	\$298.76	\$110.00
UHC Premier + BCBS Broad Plan				
Retiree + Spouse without Medicare	\$1,164.52	\$1,086.05	\$976.05	\$110.00
Retiree + Spouse without Medicare + Child(ren)	\$2,316.68	\$2,144.05	\$2,034.05	\$110.00
Retiree + Spouse with Medicare + child	\$1,282.14	\$1,210.76	\$1,100.76	\$110.00
Retiree + Spouse with Medicare + children	\$1,650.06	\$1,548.61	\$1,438.61	\$110.00
Retiree + child	\$1,077.76	\$1,006.38	\$896.38	\$110.00
Retiree + children	\$1,445.68	\$1,344.23	\$1,234.23	\$110.00
UHC Standard				
Retiree + Spouse, both with Medicare A&B	\$348.38	\$348.38	\$238.38	\$110.00
Blue Cross Blue Shield Broad Plan*				
*Limited to retirees over 65 not eligible for Medicare				
Retiree + Spouse	\$2,016.29	\$1,851.51	\$1,741.51	\$110.00
Retiree + Child(ren)	\$2,112.30	\$1,939.67	\$1,829.67	\$110.00
Family	\$3,168.46	\$2,909.51	\$2,799.51	\$110.00

Dental Rates – see Dental Section, Page 9

Monthly Medical Insurance Premiums for Eligible Regular Retirees Hired on or after 7/1/1992 and prior to 1/1/2006

*The County and Retiree contributions for medical insurance listed below are for 2024.
The County and Retiree contributions for 2025 have not yet been set by the County Board.*

Employees who have the hourly equivalent of 20 years' consecutive county employment will receive 50% of the defined county contribution amount as shown in bold on the previous table for Regular Retirees hired prior to 7/1/92 (see the table column labeled "Defined County Contribution" on the previous page). Those with more than 20 years will get an additional 4% per year in County contribution added to the 50% base rate, up to a maximum of 90%. Those with less than 20 years will not get any County Contribution.

<u>Examples</u>	2025 Total Rate	2025 County Contribution	2025 Retiree Pays
Single Coverage (using 20 years of service: 50%)			
UHC Standard Plan	\$174.19	\$119.19 \$119.19 x 50%	\$114.59
Family Coverage Spouse without Medicare (using 21 years of service: 50% + 4%)			
UHC Premier Plan+ Spouse on BCBS Broad Plan	\$1,164.52	\$569.44 \$1,054.52 x .54	\$595.08

The preceding examples are for illustration only. Your situation may be different. To calculate your expected County Contribution rate, start with a 50% base ratio for your first 20 years of service (if less than 20 years of service, you will not receive a County contribution towards your health insurance premium), add 4% for each additional year of service, and multiply that total against the Defined County Contribution amount, then subtract from the total rate, for the insurance plan you selected as shown in the table for Regular Retirees hired before 7/1/92 and retired in or after 1996.

Please call Human Resources at (651) 266-2731 if you need assistance in determining the premium rate for your circumstances.

Eligible employees hired on or after January 1, 2006, as well as other eligible employees who do not meet the requirements for a County contribution, may still participate in the Early or Regular Retiree insurance program but will pay the entire premium (Total Rate) for themselves and their dependents.

All the County contributions listed above are subject to the date of hire and length of service provisions established by previous County Board resolutions.

Dental Rates – see Dental section, Page 9

MEDICAL COVERAGE FOR EARLY RETIREES

BLUE CROSS AND BLUE SHIELD OF MINNESOTA PREFERRED PLAN (HIGH VALUE NETWORK - \$0 DEDUCTIBLE 0% COINSURANCE PLAN)

Medical coverage is available to you, your legal spouse, and your dependents through the HVN \$0 Deductible 0% Coinsurance plan. Dependent children may be covered up to age 26 regardless of student status, place of residence, or marital status.

This plan provides in-network and out-of-network coverage. To obtain in-network benefits, you may obtain services from any HighValue Network provider in Minnesota, or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care or prescriptions) of \$0 per person/\$0 per family. Preventive health care is covered at 100% for in-network providers; and 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). Your office visit co-pay to see an in-network provider for illness or injury is \$25 for primary care and \$40 for specialists; to see an out-of-network provider you pay 40% after deductible. Your co-pay if you visit an in network retail health clinic is \$10; to see an out-of-network provider you pay 40% after deductible. Urgent care is covered after a \$40 copay for in-network providers; or an \$80 copay for out-of-network providers. Emergency room care is covered at 100% after a \$150 co-pay for in and out-of-network providers. E-visits are covered after a \$10 copay for in-network providers; you pay 40% after deductible for out-of-network providers.

Inpatient hospital services are covered after a \$250 copay for in-network providers; you pay 40% after deductible for out-of-network providers. Outpatient hospital services are covered at 100%, except for scheduled outpatient surgery which requires a \$100 copay for in-network providers. For out-of-network outpatient hospital services, you pay 40% after deductible. There is an annual medical and prescription combined out-of-pocket maximum of \$3,000 per person/\$6,000 per family for in-network providers; and \$6,000 per person/\$12,000 per family for out-of-network providers. The co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$750 per person or \$2,100 per family. Costs incurred in excess of the allowed amount are the responsibility of the member (balance billing) and do not count toward the out-of-pocket maximum. The out-of-pocket maximum for eligible out-of-network medical expenses is \$6,000 per person/\$12,000 per family.

BLUE CROSS AND BLUE SHIELD OF MINNESOTA BROAD PLAN (AWARE NETWORK - \$600 DEDUCTIBLE 20% COINSURANCE PLAN)

Medical coverage is available to you, or to you and your family through the Blue Cross Blue Shield of Minnesota Aware \$600 Deductible plan. It is the same plan in which active employees may participate. You must have coverage on yourself to cover your dependents.

Dependent children may be covered up to age 26 regardless of student status, place of residence, or marital status.

This plan provides in-network and out-of-network coverage. To obtain in-network benefits, you may obtain services from any Aware Network provider in Minnesota, or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care or prescriptions) of \$600 per person/\$1,200 per family. Preventive health care is covered at 100% for in-network providers; you pay 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). Your office visit co-pay to see an in-network provider for illness or injury is \$30 for primary care and \$50 for specialists; to see an out-of-network provider you pay 40% after deductible. Your co-pay if you visit an in-network retail health clinic is \$10; to see an out-of-network provider you pay 40% after deductible. Urgent care is covered after a \$50 copay for in-network providers; or a \$100 copay for out-of-network providers; emergency room care is covered at 100% after a \$150 co-pay for in and out-of-network providers. E-visits are covered at the same level as retail health clinic visits for illness or injury.

You pay 20% after deductible if you use an in-network inpatient hospital; or 40% after deductible for an out-of-network inpatient hospital. There is an annual medical and prescription combined out-of-pocket maximum of \$4,500 per person/\$9,000 per family for in-network providers; and \$9,000 per person/\$18,000 per family for out-of-network providers. The co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$1,800 per person or \$3,600 per family. Costs incurred in excess of the allowed amount are the responsibility of the member (balance billing) and do not count

toward the out-of-pocket maximum. The out-of-pocket maximum for eligible out-of-network medical expenses is \$9,000 per person/\$18,000 per family.

BLUE CROSS AND BLUE SHIELD OF MINNESOTA HIGH DEDUCTIBLE HEALTH PLAN (AWARE NETWORK - \$1650 DEDUCTIBLE 20% COINSURANCE PLAN)

Medical coverage is available to you, your legal spouse, and your dependents through the Aware HDHP \$1650 Deductible 20% Coinsurance plan. Dependent children may be covered up to age 26 regardless of student status, place of residence, or marital status.

This plan provides in-network and out-of-network coverage. To obtain in-network benefits, you may obtain services from any Aware Network provider in Minnesota or BlueCard PPO network provider outside of Minnesota.

Benefits: There is an annual in-network deductible (not applicable to preventive care) of \$1,650 per person for those with individual coverage/\$3,300 per family for those with family coverage. Preventive health care is covered at 100% for in-network providers; you pay 40% after deductible for out-of-network providers (except for prenatal care and well-child care to age six which are covered at 100%). For office visit and retail health clinics you pay 20% after deductible to see an in-network provider for illness or injury; and 40% after deductible to see an out-of-network provider. Urgent care is covered after you pay 20% after deductible for in-network providers, and 40% after deductible for out-of-network providers. Emergency room care is covered after you pay 20% after deductible for in-network or out-of-network providers. E-visits are covered at the same level as office visits for illness or injury.

You pay 20% after deductible if you use an in-network inpatient hospital; or 40% after deductible for an out-of-network inpatient hospital. There is an annual medical and prescription combined out-of-pocket maximum of \$6,000 per person for those with individual coverage/\$12,000 per family for those with family coverage for in-network providers; and \$12,000 per person for those with individual coverage/\$24,000 per family for those with family coverage for out-of-network providers. After the deductible is satisfied, the co-pay for Select Network retail pharmacies for FlexRx preferred generic drugs is \$10, \$15 for non-preferred generics, \$25 for preferred brand, and \$35 for non-preferred brand drugs. A mail order pharmacy benefit is available to obtain a 90-day supply of prescription drugs for three co-pays after the deductible is satisfied. No coverage is provided for any prescription drugs from out-of-network providers.

Out-of-network benefits: For Emergency Room and Emergency Medical Transportation services, the out-of-network benefit is the same as the in-network benefit. For non-emergency care, you generally pay 40% after deductible for inpatient and outpatient care (of the allowed amount recognized by Blue Cross and Blue Shield of Minnesota) after you have met your deductible of \$4,850 per person for those with single coverage or \$9,700 per family for those with family coverage. Costs incurred in excess of the allowed amount are the responsibility of the member (balance billing) and do not count toward the out-of-pocket maximum. The out-of-pocket maximum for eligible out-of-network medical expenses is \$12,000 per person for those with individual coverage/\$24,000 per family for those with family coverage.

Summary of Benefits Coverage: A detailed Summary of Benefits Coverage (SBC) for each plan is available at www.ramseycounty.us/OpenEnrollment. If you require a paper copy, you may contact Ramsey County Human Resources.

Provider Information

The most current provider information is available on the Blue Cross Blue Shield of Minnesota website (www.bluecrossmn.com), or you may contact Blue Cross Customer Service at 844-348-0582.

**THESE PLANS MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES.
READ YOUR GROUP MEMBERSHIP CONTRACT OR SUMMARY PLAN DESCRIPTION
CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.**

Monthly Medical Insurance Premiums for Eligible Early Retirees Hired prior to 7/1/92

The County and Retiree contributions for medical insurance listed below are for 2024. Although the total increase for 2025 is known, County and Retiree contributions for 2025 have not yet been set by the County Board.

	<u>2025</u> Total Rate	<u>2024</u> Total Rate	2024 County Contribution	2024 Retiree Rate
<u>BCBS Preferred Plan</u>				
Single Employee	\$1,062.42	\$ 975.59	\$ 926.81	\$ 48.78
Employee + Spouse	\$2,231.09	\$ 2,048.75	\$ 1,679.97	\$ 368.78
Employee + Child(ren)	\$2,337.33	\$ 2,146.31	\$ 1,759.97	\$ 386.34
Family	\$3,505.99	\$ 3,219.46	\$ 2,672.14	\$ 547.32
Early Retiree + Spouse with Medicare A&B UHC Premier	\$1,266.80	\$1,179.97	\$976.05	\$110.00
Early Retiree + Spouse with Medicare A&B on UHC Premier, and child(ren)	\$2,541.71	\$2,350.69	\$2,034.05	\$110.00
<u>BCBS Broad Plan</u>				
Single Employee	\$960.14	\$ 881.67	\$ 837.59	\$ 44.08
Employee + Spouse	\$2,016.29	\$ 1,851.51	\$ 1,518.23	\$ 333.28
Employee + Child(ren)	\$2,112.30	\$ 1,939.67	\$ 1,590.53	\$ 349.14
Family	\$3,168.46	\$ 2,909.51	\$ 2,414.89	\$ 494.62
Early Retiree + Spouse with Medicare A&B UHC Premier	\$1,164.52	\$1,086.05	\$976.05	\$110.00
Early Retiree + Spouse with Medicare A&B on UHC Premier, and child(ren)	\$2,316.68	\$2,144.05	\$2,034.05	\$110.00
<u>BCBS High Deductible Health Plan</u>				
Single Employee	\$821.65	\$ 754.50	\$ 716.78	\$ 37.72
Employee + Spouse	\$1,726.07	\$ 1,585.00	\$ 1,299.70	\$ 285.30
Employee + Child(ren)	\$1,808.28	\$ 1,660.50	\$ 1,361.60	\$ 298.90
Family	\$2,712.15	\$ 2,490.50	\$ 2,067.12	\$ 423.38
Early Retiree + Spouse with Medicare A&B UHC Premier	\$1,026.03	\$ 958.88	\$976.05	\$110.00
Early Retiree + Spouse with Medicare A&B on UHC Premier, and child(ren)	\$2,012.66	\$1,864.88	\$2,034.05	\$110.00

**Monthly Medical Insurance Premiums for Eligible Early Retirees
Hired on or after 7/1/1992 and prior to 1/1/2006**

*The County and Retiree contributions for medical insurance listed below are for 2024.
The County and Retiree contributions for 2025 have not yet been set by the County Board.*

Employees who have the hourly equivalent of 20 years' consecutive county employment will receive 50% of the defined county contribution amount as shown in bold on the previous table for Early Retirees hired prior to 7/1/92 (see the table column labeled "Defined County Contribution" above). Those with more than 20 years will get an additional 4% per year in County contribution added to the 50% base rate, up to a maximum of 90%. Those with less than 20 years will not get any County Contribution.

<u>Examples</u>	2024 Total Rate	2024 County Contribution	2024 Retiree Pays
Single Coverage (using 20 years of service: 50%)	\$881.67	\$418.80 ($\$837.59 \times .50$)	\$462.87
Family Coverage Spouse w/ Medicare under UHC Premier (using 21 years of service: 50% + 4%)	\$1,086.05	\$527.07 ($\$976.05 \times .54$)	\$558.98

The preceding examples are for illustration only. Your situation may be different. To calculate your expected County Contribution rate, start with a 50% base rate for your first 20 years of service (if less than 20 years of service, you will not receive a County contribution towards your health insurance premium), add 4% for each additional year of service, and multiply that total against the Defined County Contribution amount, then subtract from the total rate, for the insurance plan you selected as shown in the table for Eligible Early Retirees hired before 7/1/92.

Please call Human Resources at (651) 266-2731 if you need assistance in determining the premium rate for your circumstances.

All the County contributions listed above are subject to the date of hire and length of service provisions established by previous County Board resolutions.

Dental Rates - see dental section, Page 9

Preferred Plan

HVN \$0 Deductible 0% Coinsurance Copay Plan

Benefit Summary | Effective Dates January 1, 2025 – December 31, 2025



Key Benefits	In network*	
	MN Network: HighValue National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$0 individual \$0 family	Medical and prescription combined \$750 individual \$2,100 family
Coinsurance Level The percent you pay after your deductible is met.	0%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,000 individual \$6,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> well-child care to age 6 prenatal care preventive medical evaluations age 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none"> e-visits retail health clinic (office visit) physician office visits office lab services office diagnostic imaging allergy injections and serum specialist office visits Urgent Care professional services 	\$10 copay \$10 copay \$25 copay 0% 0% 0% \$40 copay \$40 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible \$80 copay
Other professional services <ul style="list-style-type: none"> chiropractic manipulation (office visit) chiropractic therapy home health care physical therapy, occupational therapy, speech therapy (office visit) physical therapy, occupational therapy, speech therapy (therapy) 	\$25 copay 0% 0% \$25 copay \$25 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient Facility Services	\$250 copay	40% after the deductible
Outpatient Facility Services <ul style="list-style-type: none"> facility lab services facility diagnostic imaging chemotherapy and radiation therapy scheduled outpatient surgery urgent care services (facility services) 	0% 0% 0% \$100 copay 0%	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none"> emergency room (facility charges) professional charges ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 		\$150 copay 0% 0%
Durable Medical Equipment	0%	40% after the deductible

Key Benefits	In network* MN Network: High Value National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services 	0% \$25 copay 0%	40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs – Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list open plan design <ul style="list-style-type: none"> • preferred generic • non-preferred generic • preferred brand • non-preferred brand Specialty drug list <ul style="list-style-type: none"> • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list open plan design <ul style="list-style-type: none"> • preferred generic • non-preferred generic • preferred brand • non-preferred brand <ul style="list-style-type: none"> • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list open plan design <ul style="list-style-type: none"> • preferred generic • non-preferred generic • preferred brand • non-preferred brand 	 \$10 copay \$15 copay \$25 copay \$35 copay 20% to a maximum of \$200 per prescription \$30 copay \$45 copay \$75 copay \$105 copay \$30 copay \$45 copay \$75 copay \$105 copay	 No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay, or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

BROAD PLAN

Aware \$600 Deductible 20% Coinsurance Copay Plan

Benefit Summary | Effective Dates January 1, 2025 – December 31, 2025

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$600 individual \$1,200 family	Medical and prescription combined \$1,800 individual \$3,600 family
Coinsurance Level The percent you pay after your deductible is met.	20%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,500 individual \$9,000 family	Medical and prescription combined \$9,000 individual \$18,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office lab services • office diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	\$10 copay \$10 copay \$30 copay 0% 0% 0% \$50 copay \$50 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible \$100 copay
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) and chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	\$30 copay 20% after the deductible \$30 copay \$30 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient Facility Services	20% after the deductible	40% after the deductible
Outpatient Facility Services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	\$150 copay 0% 0%	

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Durable Medical Equipment	20% after the deductible	40% after the deductible
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> inpatient professional services outpatient professional services (office visits) outpatient hospital/facility services 	20% after the deductible \$30 copay 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs – Select Network <ul style="list-style-type: none"> retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand Specialty drug list <ul style="list-style-type: none"> 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand <ul style="list-style-type: none"> 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand 	\$10 copay \$15 copay \$25 copay \$35 copay 20% to a maximum of \$200 per prescription \$30 copay \$45 copay \$75 copay \$105 copay \$30 copay \$45 copay \$75 copay \$105 copay	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay, or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

HIGH DEDUCTIBLE HEALTH PLAN

Aware HDHP \$1,600 Deductible 20% Coinsurance Plan



Benefit Summary | January 1, 2025 – December 31, 2025

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network accumulate separately.	Medical and prescription combined \$1,650 individual \$3,300 family	Medical and prescription combined \$4,850 individual \$9,700 family
Coinsurance Level The percent you pay after your deductible is met.	20%	40%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$12,000 individual \$24,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office lab services • office diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient facility services	20% after the deductible	40% after the deductible
Outpatient facility services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	20% after the deductible 20% after the deductible 20% after the deductible	
Durable Medical Equipment	20% after the deductible	40% after the deductible

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> inpatient professional services outpatient professional services (office visits) outpatient professional services (office – other services) outpatient hospital/facility services 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs – Select Network <ul style="list-style-type: none"> retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand Specialty drug list <p>20% to a maximum of \$200 per prescription</p> 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic non-preferred generic preferred brand non-preferred brand 	\$10 copay after the deductible \$15 copay after the deductible \$25 copay after the deductible \$35 copay after the deductible \$30 copay after the deductible \$45 copay after the deductible \$75 copay after the deductible \$105 copay after the deductible \$30 copay after the deductible \$45 copay after the deductible \$75 copay after the deductible \$105 copay after the deductible	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is not Medicare Part D creditable.

Non-embedded deductible – The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

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CARRIER TELEPHONE NUMBERS

MetLife Dental (800) GET-MET8

Blue Cross Blue Shield - Group # 10819274 (844) 348-0582

United Health Care

Premier Group #13495 & Standard Group #13496

Pre-Enrollment Call Center (844) 588-5872

Plan Members Customer Service (844) 588-5872

Medicare

Enrollment -Social Security (800) 772-1213

Medicare Fraud or Abuse (800)-MEDICARE

or

(800)-633-4227

CARRIER WEBSITES

UnitedHealthcare www.retiree.uhc.com/ramseycountymn (regular retiree medical)

Blue Cross www.bluecrossmn.com (early retiree/non-Medicare medical)

MetLife www.mybenefits.metlife.com (dental)

RAMSEY COUNTY CONTACTS

Ramsey County Human Resources Benefits Division

121 7th Place East, Suite 4000

St. Paul, MN 55101

Human Resources Manager: Kristen Schultz

Azure Wickert, Retiree Benefits Specialist (651) 266-2731

Amber Kempe, Human Resources Supervisor (651) 266-2927

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