

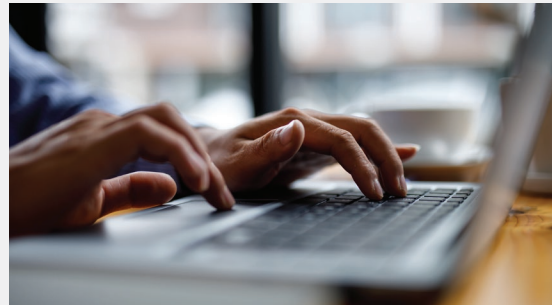
# 2025 EMPLOYEE BENEFITS RESOURCE GUIDE



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## Have questions?

Get more information and find additional resources at [ramseycounty.us/OpenEnrollment](https://ramseycounty.us/OpenEnrollment)

Find your department's Personnel, Benefits and Transactions Assistant at [ramseynet.us/HRContacts](https://ramseynet.us/HRContacts)

## Eligibility for insurance

### Who is eligible?

Permanent, probationary, provisional and unclassified employees who work at least 40 hours per pay period on a regular basis. For employees designated as less than 60 hours per pay period, eligibility for insurance is based on either "Average Hours Worked" or "Standard Hours Worked" as described on page 6.

### Who is not eligible?

Temporary, seasonal and intermittent employees. These employees may become eligible for medical insurance under the Affordable Care Act if they average at least 30 hours per week over a designated measurement period. Employees who work less than 40 hours per pay period on a regular basis.

### Who is an eligible dependent?

#### *For medical and dental insurance:*

Your legal spouse (as defined by the state of Minnesota). If your spouse is a Ramsey County employee, neither you nor your spouse may be enrolled as both an employee and dependent, and you may not double cover your children. Divorced spouses are not eligible dependents. If you are getting divorced and carry family coverage, you must contact 651-266-2922 concerning state and federal laws regarding continuation of coverage.

Your children to age 26, including adopted children, stepchildren and children under your or your spouse's legal guardianship, regardless of student status, marital status or financial dependency. Grandchildren may be covered under the medical and dental plans up to age 26 if they are dependent upon you for the majority of their financial support.

Children of any age who are both (a) incapable of self-sustaining employment by reason of physical or mental impairment; and, (b) dependent upon a covered person for the majority of their support and maintenance. This disability must have come into existence prior to losing dependent status.

Employees are responsible for notifying the county within 31 days of the date a dependent is no longer eligible for coverage. Failure to do so may result in you being responsible for any retroactive charges for claims already processed and may also impact your ability to switch from family to single coverage. Coverage of the dependent ends at the end of the month in which they lose eligibility; however, state and federal laws provide for continuation of coverage for certain events, provided you notify the county within 60 days of the day coverage would otherwise end.

#### *For optional life insurance:*

Domestic partners are eligible for the same benefits as spouses. Spouses or domestic partners, and children from birth up to age 26, are eligible for coverage under Optional Dependent Life insurance.

## When can employees enroll or change coverage?

### Medical and dental insurance

#### *Without evidence of insurability*

1. Current eligible employees may enroll or change coverage during designated open enrollment periods.
2. Eligible new employees may enroll within the first 31 days of their employment.
3. Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
4. All employees may be permitted to enroll or change medical or dental coverage within 31 days of a qualifying change in status.

[Contact the personnel, benefits and transactions assistant assigned to your department](#) to verify your eligibility to make a change.

### Special enrollment period for medical insurance

If you are declining enrollment in the Ramsey County Employee Benefit Plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you complete required paperwork within 30 days of losing your other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in family coverage, provided that you complete required paperwork within 31 days after the marriage, birth, adoption or placement for adoption.

#### *Newborn enrollment for medical insurance*

If you elect coverage, the effective date of coverage for newborn infants or newly adopted children will be the date of birth, adoption or placement for adoption regardless of when notice is provided. Spouses can be added, effective the date of birth, within 31 days. Other dependents may be added as late enrollments.

#### *Late enrollment for medical insurance*

If you do not enroll yourself or any eligible dependents within 31 days of the date that you or your dependents first become eligible, you may enroll yourself and any eligible dependents at any time, as long as you or your dependents had maintained continuous and qualifying coverage within 63 days prior to your application for coverage with Ramsey County and no longer have that coverage.

### Enrollment Restrictions

There are restrictions on enrolling or changing medical or dental coverage during the Plan Year if you pay your premiums on a pre-tax basis. If you are paying premiums on a pre-tax basis, you may not cancel or add coverage during the year unless you have a qualifying change in status and complete required paperwork within 31 days.

For more information, please refer to the Ramsey County Cafeteria Plan Reference Guide (available on RamseyNet) or you may obtain a copy from your Personnel, Benefits and Transactions Assistant (PBTAs). Check with your PBTAs if you have any questions.

### *Enrollment due to change in eligibility for Medicaid or CHIP*

If you or a dependent lose eligibility or become eligible for Medicaid or coverage under a State Children's Health Insurance Program, you have up to 60 days after the change in eligibility to enroll in the Ramsey County medical or dental plan. If you think you or any of your dependents might be eligible for either of these programs, call 1-877-KIDS NOW to discuss your options.

### **Short-term disability, optional long-term disability and dependent life**

#### *Without evidence of insurability:*

- Current eligible employees may enroll or change coverage during designated open enrollment periods.
- Eligible new employees may enroll within the first 31 days of their employment.
- Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
- For short-term disability, you can change to a longer elimination period at any time during the year

#### *With evidence of insurability:*

Employees can enroll in short-term disability, optional long-term disability or dependent life

insurance - or change to a shorter elimination period for short-term disability at any other time - if they provide evidence of insurability and are approved by the insurance carrier.

#### *Optional employee life insurance and spouse life insurance*

Employees may enroll or increase coverage at any time if they provide evidence of insurability and are approved as required by the carrier.

#### *Optional accidental death and dismemberment insurance*

Eligible employees may enroll at any time without evidence of insurability. You must have optional employee life insurance or spouse life insurance to purchase optional accidental death and dismemberment insurance. Elected amounts for optional accidental death and dismemberment must match the amount of elected optional life coverage.

#### *Basic life insurance and basic long-term disability insurance*

Employees who are eligible for a county contribution for insurance are automatically enrolled in basic life insurance and basic long-term disability insurance. Review additional details in the Life Insurance section, page 20.

## **Effective dates**

### **When is coverage effective?**

The effective date of coverage will vary based on plan type and individual circumstances. In general, coverage is effective for new employees the first of the month following 30 days of employment.

For most other situations, if you enroll on or

before the date you are first eligible to participate, coverage is effective the first day of eligibility. If you enroll after the first day of eligibility, coverage is effective the first of the month following enrollment.

Late return of the enrollment form could result in delay of coverage or loss of eligibility to enroll.

## What happens to coverage during an unpaid leave of absence?

The types of coverage you may continue, the length of time for continuation and the length of time you will receive a county contribution vary depending on the type of leave.

For most unpaid leaves of absence, the county contribution continues for the month you are last on paid status, plus the next month. This may vary if your leave qualifies under the Family and Medical Leave Act.

## When can eligible employees cancel their coverage?

### *Medical insurance*

This coverage may be canceled at any time if you pay your premiums on an after-tax basis.

If your premiums are paid on a pre-tax basis, you can only cancel medical coverage during an open enrollment period, or if there is a qualifying change in status.

### *Dental insurance*

If you pay your premiums on an after-tax basis, you may cancel dental coverage at any time subject to restrictions listed in the section on "Dental Coverage" in this reference guide.

Your premiums are paid on a pre-tax basis and you can only cancel dental coverage during an open enrollment period or if there is a qualifying change in status.

### *Life insurance and disability coverage*

Life Insurance and disability coverage may be canceled at any time.

### *Effective dates*

When eligible employees cancel any of the above coverages, the cancellation is effective at the end of the month in which they provide cancellation notice.

### *Qualifying changes in status*

Generally, qualifying changes must impact eligibility, and changes in coverage must be on account of and consistent with the qualifying change in status. You must notify the personnel, benefits and transactions assistant assigned to your department and complete required paperwork within 31 days of the change.

*May include, but are not limited to:*

- Marriage.
- Birth or adoption.
- Death of your spouse or dependent.
- Divorce.
- Termination or commencement of spouse's employment.
- Change of your or your spouse's employment from full-time to part-time or part-time to full-time.
- You or your spouse going on or returning from an unpaid leave of absence.
- Significant change in your or your spouse's health coverage attributable to the spouse's employment.
- Dependent no longer qualifying under the county's health insurance program due to age.
- Court order requiring you to assume liability for medical expenses of a dependent child.



## What are the county contributions?

### *Basic life and basic long-term disability insurance*

The county pays the full premium for basic life and basic long-term disability insurance for employees who are eligible for the county contribution.

### *Optional employee and spouse life insurance, optional accidental death and dismemberment insurance, dependent life insurance and optional long-term and short-term disability insurance.*

The employee pays the full premium.

### *Medical and/or dental coverage:*

<b>If you work:</b>	<b>You will receive:</b>
60 to 80 hours/pay period	100% of the county contribution
40 to 59 hours/pay period	2/3 of the county contribution

If your position is designated as less than 60 hours per pay period, your eligibility and contribution will be determined in one of two ways:

#### *1 - Average hours worked*

For employees in Local 8–General Unit; Local 8-Professional Employees; Local 1935-Parks and Recreation; Local 151-Community Human Services; Job Training; Licensed Practical Nurses; Local 1076-Ramsey Nursing Home; Local 707-Lake Owasso Residence; Local 8-PHNs/RNs; and Local 3688-JAF, eligibility for insurance and the county contribution will be based on the average hours worked over a six-month period.

Average hours worked between pay periods 15-1 will determine eligibility and contribution beginning Feb. 1; and average hours worked between pay periods 2-14 will determine eligibility and contribution beginning Aug. 1. For new employees

in these bargaining units, or current employees becoming eligible due to a change in employment status, the contribution will be based on the employee’s assigned Standard Hours until the next average hours calculation is run.

#### *2 - Standard hours worked*

For all other employees, eligibility and the county contribution will be based solely on the employee’s assigned Standard Hours.

### *Waiting period for county contribution to insurance*

New employees are eligible for a county contribution the first of the month following 30 days of employment.

New employees may enroll in insurance plans before the county contribution is effective; however, they must pay the full premium until they are eligible for the county contribution.

Current employees, who become eligible for coverage based on the terms of their union contract or personnel rules/benefits policies due to an increase in hours, will be immediately eligible for a county contribution provided they have worked for the county as a permanent, provisional, probationary or intermittent employee for the length of the waiting period for new employees. (For effective date of coverage, see “When is Coverage Effective”.)



# MEDICAL INSURANCE

Medical insurance is provided by Blue Cross Blue Shield.

844-348-0582 | [bluecrossmn.com](https://bluecrossmn.com)

Blue Cross and Blue Shield of Minnesota offers members nationwide access to care through the BlueCard PPO network throughout the United States. When members use the BlueCard PPO network outside of the Blue Cross and Blue Shield of Minnesota service area, their claim will be processed as an in-network claim. If you need help finding a provider, call 844-348-0582, or [bluecrossmn.com](https://bluecrossmn.com).

Detailed information is available at [ramseycounty.us/OpenEnrollment](https://ramseycounty.us/OpenEnrollment).

Employees may select from three plans:

1. **[BCBS Preferred Plan – High Value Network](#)**  
\$0 Deductible 0% Coinsurance Plan  
Group 10819269
2. **[BCBS Broad Plan – Aware Network](#)**  
\$600 Deductible 20% Coinsurance Plan  
Group 10819274
3. **[BCBS High Deductible Health Plan - Aware Network](#)**  
\$1600 Deductible 20% Coinsurance Plan  
Group 10819282

Details for these three plans follow on pages 8 - 15.

# 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**
<b>Calendar-year deductible</b> The in- and out-of-network maximums accumulate separately.	Medical \$0 individual \$0 family	Medical and prescription combined \$750 individual \$2,100 family
<b>Coinsurance Level</b> The percent you pay after your deductible is met.	0%	40%
<b>Calendar-year out-of-pocket maximum</b> 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
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office lab services</li> <li>office diagnostic imaging</li> <li>allergy injections and serum</li> <li>specialist office visits</li> <li>Urgent Care professional services</li> </ul>	\$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
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	\$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
<b>Inpatient Facility Services</b>	\$250 copay	40% after the deductible
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>facility lab services</li> <li>facility diagnostic imaging</li> <li>chemotherapy and radiation therapy</li> <li>scheduled outpatient surgery</li> <li>urgent care services (facility services)</li> </ul>	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
<b>Emergency care</b> <ul style="list-style-type: none"> <li>emergency room (facility charges)</li> <li>professional charges</li> <li>ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>		\$150 copay 0% 0%
<b>Durable Medical Equipment</b>	0%	40% after the deductible



Key Benefits	In network* MN Network: HighValue National Network: BlueCard PPO	Out of network**
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>inpatient professional services</li> <li>outpatient professional services (office visits)</li> <li>outpatient hospital/facility services</li> </ul>	0% \$25 copay 0%	40% after the deductible 40% after the deductible 40% after the deductible
<b>Prescription drugs – Select Network</b> <ul style="list-style-type: none"> <li>retail (31-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <b>Specialty drug list</b> <p>20% to a maximum of \$200 per prescription</p> <ul style="list-style-type: none"> <li>90dayRx – Mail order pharmacy (90-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <ul style="list-style-type: none"> <li>90dayRx – Retail pharmacy (90-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul>	\$10 copay \$15 copay \$25 copay \$35 copay  \$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
<b>Important Information About Your Pharmacy Benefits</b>	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 <a href="http://bluecrossmn.com">bluecrossmn.com</a> 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](http://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](http://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**
<b>Calendar-year deductible</b> 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
<b>Coinsurance Level</b> The percent you pay after your deductible is met.	20%	40%
<b>Calendar-year out-of-pocket maximum</b> 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
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office lab services</li> <li>• office diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• specialist office visits</li> <li>• Urgent Care professional services</li> </ul>	\$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
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit) and chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	\$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  40% after the deductible
<b>Inpatient Facility Services</b>	20% after the deductible	40% after the deductible
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	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
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>		\$150 copay 0% 0%

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
<b>Durable Medical Equipment</b>	20% after the deductible	40% after the deductible
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>inpatient professional services</li> <li>outpatient professional services (office visits)</li> <li>outpatient hospital/facility services</li> </ul>	20% after the deductible \$30 copay 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible
<b>Prescription drugs – Select Network</b> <ul style="list-style-type: none"> <li>retail (31-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <b>Specialty drug list</b> <ul style="list-style-type: none"> <li><b>90dayRx – Mail order pharmacy (90-day limit)</b></li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <ul style="list-style-type: none"> <li><b>90dayRx – Retail pharmacy (90-day limit)</b></li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul>	 \$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
<b>Important Information About Your Pharmacy Benefits</b>	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 <a href="http://bluecrossmn.com">bluecrossmn.com</a> 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](http://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](http://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 \$1,650 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**
<b>Calendar-year deductible</b> 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
<b>Coinsurance Level</b> The percent you pay after your deductible is met.	20%	40%
<b>Calendar-year out-of-pocket maximum</b> 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
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office lab services</li> <li>office diagnostic imaging</li> <li>allergy injections and serum</li> <li>specialist office visits</li> <li>Urgent Care professional services</li> </ul>	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
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	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
<b>Inpatient facility services</b>	20% after the deductible	40% after the deductible
<b>Outpatient facility services</b> <ul style="list-style-type: none"> <li>facility lab services</li> <li>facility diagnostic imaging</li> <li>chemotherapy and radiation therapy</li> <li>scheduled outpatient surgery</li> <li>urgent care services (facility services)</li> </ul>	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
<b>Emergency care</b> <ul style="list-style-type: none"> <li>emergency room (facility charges)</li> <li>professional charges</li> <li>ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	20% after the deductible 20% after the deductible 20% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible
<b>Durable Medical Equipment</b>	20% after the deductible	40% after the deductible

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>inpatient professional services</li> <li>outpatient professional services (office visits)</li> <li>outpatient professional services (office – other services)</li> <li>outpatient hospital/facility services</li> </ul>	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
<b>Prescription drugs – Select Network</b> <ul style="list-style-type: none"> <li>retail (31-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <b>Specialty drug list</b> <b>90dayRx – Mail order pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul> <b>90dayRx – Retail pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>non-preferred generic</li> <li>preferred brand</li> <li>non-preferred brand</li> </ul>	\$10 copay after the deductible \$15 copay after the deductible \$25 copay after the deductible \$35 copay after the deductible  20% to a maximum of \$200 per prescription  \$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
<b>Important Information About Your Pharmacy Benefits</b>	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 <a href="http://bluecrossmn.com">bluecrossmn.com</a> 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](http://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](http://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



## Monthly medical premiums and employee contributions

County and employee contributions for 2025 costs listed below are subject to change pending county board approval.

### Full-time rates

Monthly premiums for medical insurance are split and deducted from the first two paychecks of the month.

	Total Rate	County Contribution	Employee Rate
<b>BCBS Preferred Plan</b>			
Single Employee	\$1,062.42	\$ 1,009.30	<b>\$ 53.12</b>
Employee + Spouse	\$ 2,231.09	\$ 1,829.49	<b>\$ 401.60</b>
Employee + Child(ren)	\$ 2,337.33	\$ 1,916.61	<b>\$ 420.72</b>
Family	\$ 3,505.99	\$ 2,909.97	<b>\$ 596.02</b>
<b>BCBS Broad Plan</b>			
Single Employee	\$ 960.14	\$ 912.13	<b>\$ 48.01</b>
Employee + Spouse	\$ 2,016.29	\$ 1,653.36	<b>\$ 362.93</b>
Employee + Child(ren)	\$ 2,112.30	\$ 1,732.09	<b>\$ 380.21</b>
Family	\$ 3,168.46	\$ 2,629.82	<b>\$ 538.64</b>
<b>BCBS High Deductible Health Plan</b>			
Single Employee	\$ 821.65	\$ 780.57 + \$60 HSA	<b>\$ 41.08</b>
Employee + Spouse	\$ 1,726.07	\$ 1,415.37 + \$125 HSA	<b>\$ 310.69</b>
Employee + Child(ren)	\$ 1,808.28	\$ 1,482.79 + \$125 HSA	<b>\$ 325.49</b>
Family	\$ 2,712.15	\$ 2,251.09 + \$125 HSA	<b>\$ 461.07</b>

## Part-time rates

	Total Rate	County Contribution	Employee Rate
<b>BCBS Preferred Plan</b>			
Single Employee	\$ 1,062.42	\$ 676.23	<b>\$ 386.19</b>
Employee + Spouse	\$ 2,231.09	\$ 1,225.76	<b>\$ 1,005.33</b>
Employee + Child(ren)	\$ 2,337.33	\$ 1,284.13	<b>\$ 1,053.20</b>
Family	\$ 3,505.99	\$ 1,949.68	<b>\$ 1,556.31</b>
<b>BCBS Broad Plan</b>			
Single Employee	\$ 960.14	\$ 611.13	<b>\$ 349.01</b>
Employee + Spouse	\$ 2,016.29	\$ 1,107.75	<b>\$ 908.54</b>
Employee + Child(ren)	\$ 2,112.30	\$ 1,160.50	<b>\$ 951.80</b>
Family	\$ 3,168.46	\$ 1,761.98	<b>\$ 1,406.48</b>
<b>BCBS High Deductible Health Plan</b>			
Single Employee	\$ 821.65	\$ 522.98 + \$60 HSA	<b>\$ 298.67</b>
Employee + Spouse	\$ 1,726.07	\$ 948.30 + \$125 HSA	<b>\$ 777.77</b>
Employee + Child(ren)	\$ 1,808.28	\$ 993.47 + \$125 HSA	<b>\$ 814.81</b>
Family	\$ 2,712.15	\$ 1,508.23 + \$125 HSA	<b>\$ 1,203.92</b>

# DENTAL INSURANCE

Dental insurance is provided by MetLife Dental.

800-GET-MET8 | [mybenefits.metlife.com](https://mybenefits.metlife.com)



Employees must be enrolled in dental in order to cover spouse or dependents.

Choose between Ramsey County Select Plan or Ramsey County Open Plan. Each family member must participate in the same plan as the employee. After you make your selection at open enrollment, you may not switch to the other plan until the next open enrollment. Rates are different based on the Select or Open plan.

To check to see which Benefit Level your dentist is in, go to [www.mybenefits.metlife.com](https://www.mybenefits.metlife.com) or call Member Services: 800-GET-MET8

Employees may select from two plans:

- 1. Ramsey County Select Plan**  
(Group # 251964-1-G)
- 2. Ramsey County Open Plan**  
(Group # 251964-1-G)

## Ramsey County Select Plan (Group # 251964-1-G)

Choose from more than 2,300 dentists in Minnesota and 130,000 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.

By choosing this plan, you have access to MetLife's PDP Plus network, and have a higher calendar year maximum.

### *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.

Out of network benefits have an annual maximum of \$2,000. There is an individual deductible of \$75 or \$225 for family deductible when out of network.

## Ramsey County Open Plan (Group # 251964-1-G)

Choose from more than 2,300 dentists in Minnesota and 130,000 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.

By choosing this plan, you have access to MetLife's PDP Plus network and reduced rates

### *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 premiums and county contributions

County and employee contributions for 2025 costs listed below are subject to change pending county board approval.

### Full-time rates

	Total Premium	County Cost	Employee Cost
<b>MetLife Select Plan Full-Time</b>			
Single Employee	\$ 41.28	\$ 20.64	<b>\$ 20.64</b>
Employee + Spouse	\$ 66.76	\$ 33.38	<b>\$ 33.38</b>
Employee + Child(ren)	\$ 73.72	\$ 36.86	<b>\$ 36.86</b>
Family	\$122.90	\$ 67.60	<b>\$ 55.30</b>
<b>MetLife Open Plan Full-Time</b>			
Single Employee	\$ 37.57	\$ 18.79	<b>\$ 18.78</b>
Employee + Spouse	\$ 61.00	\$ 30.50	<b>\$ 30.50</b>
Employee + Child(ren)	\$ 66.86	\$ 33.44	<b>\$ 33.42</b>
Family	\$112.09	\$ 61.65	<b>\$ 50.44</b>

### Part-time rates

	Total Premium	County Cost	Employee Cost
<b>MetLife Select Plan Part-Time</b>			
Single Employee	\$ 41.28	\$ 13.84	<b>\$ 27.44</b>
Employee + Spouse	\$ 66.76	\$ 22.36	<b>\$ 44.40</b>
Employee + Child(ren)	\$ 73.72	\$ 24.70	<b>\$ 49.02</b>
Family	\$122.90	\$ 45.30	<b>\$ 77.60</b>
<b>MetLife Open Plan Part-Time</b>			
Single Employee	\$ 37.57	\$ 12.57	<b>\$ 25.00</b>
Employee + Spouse	\$ 61.00	\$ 20.44	<b>\$ 40.56</b>
Employee + Child(ren)	\$ 66.86	\$ 22.40	<b>\$ 44.46</b>
Family	\$112.09	\$ 41.31	<b>\$ 70.78</b>



## Compare plans

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.

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
<b>TYPE A SERVICES</b>				
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%
<b>TYPE B SERVICES</b>				
Posterior Composite	80%	80%	80%	80%
Crowns, Onlays	80%	80%	80%	80%
<b>TYPE C SERVICE</b>				
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

# LIFE INSURANCE

Life insurance is provided by Minnesota Life.

Contact: Ochs, Inc. 651-665-3789



## Basic employee life insurance

Basic life insurance coverage provides life insurance in an amount equal to your annual salary. Your salary is rounded up to the next \$1,000 (e.g., if your salary is \$28,452, you would get \$29,000 Basic Life Insurance). Basic life insurance has a minimum of \$10,000 and a maximum of \$50,000 coverage. Basic life includes accidental death and dismemberment.

Employees are provided with county paid basic employee life insurance when eligible for the county contribution.

Eligible new employees will be enrolled in basic employee life coverage during their first 31 days of employment, at their own expense until the effective date of the county contribution. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment.

Basic life insurance is adjusted annually - based on salary - at the beginning of the calendar year.

If you are enrolled in basic life insurance, you may also apply for the optional life coverages listed below at any time during the year.

## Optional employee life insurance

Coverage is available in increments of \$1,000. The optional employee life coverage amount cannot exceed \$750,000.

New employees, or employees eligible for insurance for the first time, are offered a one-time opportunity to purchase up to \$100,000 in optional life coverage without evidence of insurability (Guarantee Issue) provided they do so within 31 days of eligibility. Amounts above \$100,000 will require evidence of insurability.

Except during Guarantee Issue periods, employees who choose to add optional coverage must provide evidence of insurability. For new hires or newly eligible employees, evidence of insurability forms will be sent to you by Human Resources after you submit the insurance enrollment application form. Coverage will be effective on the date it is approved by Minnesota Life.

## Eligibility

Current employees becoming eligible for insurance due to an increase in hours will be immediately eligible for a county contribution for basic life insurance provided they have worked for the county as a permanent, provisional, probationary, or intermittent employee for the length of the waiting period for new employees.

### *Disability provision:*

If, prior to age 60, you become totally disabled for at least nine months while insured under Ramsey County's Group Life Insurance Policy with Minnesota Life, you may be eligible to continue your coverage until age 65 if you continue to pay the premium during the nine-month waiting period. Please call 651-266-2733 if you become disabled and think you may be eligible.

## Optional spouse life insurance

- Coverage is available in increments of \$1,000.
- The optional spouse life coverage amount cannot exceed \$500,000.
- Optional spouse life insurance is available to qualified domestic partners. Contact the personnel, benefits and transactions specialist assigned to your department for more information.
- Optional spouse life insurance cannot be purchased if your spouse or domestic partner is a Ramsey County employee eligible for benefits.
- New employees, or employees eligible for insurance for the first time, are offered a one-time opportunity to purchase up to \$50,000 in optional spouse life coverage without evidence of insurability (Guarantee Issue) provided they do so within 31 days of eligibility. Amounts above \$50,000 will require evidence of insurability.

## Optional accidental death & dismemberment insurance

- Provides an additional death benefit to the beneficiary in the amount of the life insurance if the death is a result of an accident and provides coverage for specific types of injuries up to the value of the life insurance. Accidental death and dismemberment insurance is not available as a standalone coverage.
- If you elect accidental death and dismemberment insurance coverage, it must be included with both your optional spouse life coverage and optional employee life coverage.
- Evidence of insurability is not required for accidental death and dismemberment insurance. You may apply for coverage at any time during the year.
- If you already have optional life insurance, accidental death and dismemberment coverage will be effective the first of the month following the date of application. If you are adding accidental death and dismemberment insurance at the same time as optional life insurance, coverage will be effective on the date the optional life insurance is approved by Minnesota Life.

## Optional dependent life insurance

- Optional dependent life insurance provides \$20,000 of coverage for each of your dependents (including your spouse or domestic partner) no matter how many dependents you have.
- Optional dependent life insurance does not cover your spouse or domestic partner if he/she is also a Ramsey County employee eligible for benefits, and you may not double cover the same children.
- Children from birth up to the age of 26 are eligible for coverage.
- Evidence of insurability is not required during open enrollment or if enrolling as a new employee. At all other times, evidence of insurability is required. If evidence of insurability is required, coverage will be effective on the date it is approved by Minnesota Life.
- Employees should review their need for Dependent Life coverage each year to ensure they still have eligible dependents under the plan.
- Dependents do not need to be identified. Dependents are automatically covered if they meet the eligibility requirements.

## Optional accidental death and dismemberment insurance

You must have optional employee life insurance or spouse life insurance to purchase optional accidental death and dismemberment insurance.

Basic Life/AD&D:	Monthly Premium
County paid	\$.13/\$1000 annual salary

Optional Life:	
Age	Per \$1,000 (Employee paid)
29 or less	\$0.04
30-34	\$0.05
35-39	\$0.06
40-44	\$0.10
45-49	\$0.14
50-54	\$0.22
55-59	\$0.38
60-64	\$0.52
65-69	\$0.81
70+	\$0.90

Accidental Death and Dismemberment:	
	Per \$1,000 (Employee paid)
Employee paid	\$0.025

Accidental Death and Dismemberment:	
	Per \$1,000 (Employee paid)
Employee paid	\$0.025

Dependent Life:	
	\$20,000 Coverage
Employee paid	\$3.60 per month



## Life Benefits Extra

### *Beneficiary financial counseling*

Beneficiaries who receive at least \$25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC), one of the world's leading professional services firms. The counseling services are designed to help families make sound financial decisions at a difficult time. PwC advisors do not sell insurance or investment products, and no information will be given to PwC without your beneficiary's written consent. There is no additional cost for this service.

### *Legacy planning resources*

Active and retired employees covered under Minnesota Life's group life insurance policies, and their families, can access resources to help them deal with the loss of a loved one or to plan for their own passing. These resources are available at <https://Securian.com/legacy>

### *Legal, financial and grief resources*

TELUS Health provides active employees covered under Minnesota Life's group life insurance policies, and their spouses and dependents, access to counseling professionals and related resources and referrals in each of the three areas.

<https://LifeBenefits.com/Lfg>

username: **lfg**  
password: **resources**  
**1-877-849-6034**

### *Travel assistance*

RedpointWTP LLC provides travel assistance services to all active U.S. employees covered under our group life insurance policies, and their spouses and dependents. The services are available 24/7/365 for emergency assistance and transport when traveling 50 or more miles away from home. For service terms and conditions, and pre-trip

information visit [LifeBenefits.com/travel](https://LifeBenefits.com/travel) or call 1-855-516-5433 in the U.S. and Canada. From other locations, you can call collect to +1-415-484-4677.

### *Beneficiary designation*

You may designate a beneficiary or beneficiaries for basic life insurance and/or optional employee life insurance.

Minnesota Life is responsible for life insurance beneficiary management services. When first enrolled in basic and/or optional employee life insurance, employees will receive a letter from Minnesota Life that provides them with instructions on how to designate beneficiaries.

Employees may add or change beneficiary information by going to <https://web1.lifebenefits.com/sites/lbwem/ramseycounty>

For assistance, contact Minnesota Life at 1-866-293-6047.

In the absence of a beneficiary designation, payment of benefits will be made in the following order of priority: 1) your surviving spouse; 2) your surviving children in equal shares; 3) your surviving parents in equal shares; 4) the duly appointed legal representative of your estate. The employee is the beneficiary for Optional Spouse Life and Dependent Life Insurance.

# DISABILITY INSURANCE

Disability insurance is provided by Madison National Life.

Contact: [madisonlife.com](http://madisonlife.com)



The county offers employees both long-term and short-term disability insurance. Disability insurance is designed to protect your income in the event you are unable to work due to a disability. This coverage is not available for a dependent’s disability. The disability benefit as well as the disability premium is based on the employee’s assigned Standard Hours in Summit.

## Offsets to disability insurance payments for short-term and long-term disability insurance

Your monthly benefit will be determined by deducting other income from your monthly disability benefit amount. Examples include:

- Disability retirement.
- Worker’s Compensation.
- No-fault automobile policy.
- Sick leave.
- Vacation leave.
- Social Security.

The minimum monthly benefit is \$50. However, this amount shall be reduced if the payable benefit is for less than a full month.

## Use of sick leave or vacation leave prior to unpaid leave of absence for short-term and long-term disability insurance

The county requires that employees use all their available sick leave prior to beginning an unpaid medical leave.

If the disability insurance elimination period has been satisfied, the employee must continue to use all available sick leave but may elect to retain up to 80 hours of their remaining sick leave for use upon return to work. However, if the employee does not return to work, this sick leave bank will be forfeited.

You are not required to use paid vacation.

## Basic long-term disability insurance

Basic long-term disability insurance provides a benefit of 40% of your gross pre-disability income, subject to a maximum benefit of \$5,000 per month, if you become disabled for more than six months. This is a taxable benefit.

- Insurance-eligible employees are provided with Basic long-term disability coverage which is fully paid by the county and is effective the first of the month following 30 days of employment.
- The amount of coverage is updated monthly, based on your salary.
- Current employees becoming eligible for insurance due to an increase in work hours will be immediately eligible for basic long-term disability insurance, provided they have worked for the county as a permanent, provisional, probationary, or intermittent employee for the length of the waiting period for new employees.
- Eligible new employees may enroll in basic long-term disability during their first 31 days of employment, at their own expense until the effective date of the county contribution. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment.

## Optional long-term disability insurance

If you are enrolled in basic long-term disability, you may choose to add an additional 20% income replacement at your own cost for a total of 60% of your gross pre-disability income, subject to a maximum benefit of \$7,500 per month. Because the premium you pay is taxed, the additional 20% above the basic coverage is not taxed at the time you receive the benefit.

As a new employee or during open enrollment, you may add the 20% optional coverage without providing evidence of insurability. Evidence of insurability is required at all other times. If evidence of insurability is required, coverage will be effective on the date it is approved by the carrier.

## What is a disability?

You are defined as disabled if you are unable to engage in the “material and substantial” duties of your occupation during the first two years that benefits are payable. Thereafter, disability means your inability to perform any occupation for which you are qualified by education, training, or experience. The short and long-term disability plans also include partial disability provisions.

Disability includes: pregnancy, childbirth and related medical conditions. It also includes mental or emotional illness and alcohol and drug-related disorders\*. However, all disabilities must be under the regular care of a physician.

\* For mental or emotional disorders or substance abuse, benefit payments for long-term disability will be limited to a 2-year period unless claimant is hospital-confined at the end of that period for the same condition.

*To submit a claim:*

**Disability claims are subject to approval by Madison National Life.** You should file a claim form as soon as possible so that benefits are not delayed. Links to online claim forms are available at [www.madisonlife.com](http://www.madisonlife.com) and on RamseyNet. If you have questions about how to submit a claim, contact 651-266-2733.

## Long-Term Disability Insurance

For more information about the long-term or short-term disability policies, call our plan administrator, National Insurance Services at 1-800-627-3660.

If you have questions about the status of a claim or the payment of benefits, call Madison National Life at 1-800-356-9601. You can also view your claims status online at [www.madisonlife.com](http://www.madisonlife.com).

If you become disabled, you are eligible for this monthly benefit following the completion of a six-month elimination period subject to approval of your claim. Benefits will continue while you remain disabled according to the following table.

### *Maximum benefit duration for a period of your disability*

For mental or emotional disorders or substance abuse, benefit duration will be limited to a 2-year period unless claimant is hospital-confined at the end of that period for the same condition.

Your age on date disability begins	Your maximum benefit duration
Under Age 61	The greater of 60 months or your normal retirement age
Age 61	The greater of 48 months or your normal retirement age
Age 62	The greater of 42 months or your normal retirement age
Age 63	The greater of 36 months or your normal retirement age
Age 64	The greater of 30 months or your normal retirement age
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth, as follows:

Year of birth	Social Security retirement age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months

1943 – 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

*Pre-Existing Condition Limitation for Short and Long-Term Disability Insurance*

You will not be covered for any disability which begins in the first 12 months after your effective date if it is caused by, contributed to, or resulting from a pre-existing condition. This pre-existing condition exclusion would also apply when you are currently enrolled but electing a shorter elimination period.

A pre-existing condition is defined as a sickness or injury for which you received medical treatment, consultation, care, or services, including diagnostic measures in the three months prior to your effective date.

**Costs**

*40% of income replacement (county paid):*

Monthly premium	
All ages	\$0.095 per \$100 monthly salary

*Optional 20% buy up (employee paid):*

Age	Monthly premium
Age 39 or less	\$0.077 per \$100 monthly salary
Age 40-49	\$0.200 per \$100 monthly salary
Age 50 or over	\$0.239 per \$100 monthly salary



## Short-Term Disability Insurance

Short-Term Disability Insurance is designed to temporarily replace your income in the event you are unable to work due to a disability. The disability may be caused by injury or illness and does not need to be work-related. If you are unable to work due to a disability, you are eligible to receive 60% of your gross pre-disability income, up to a maximum monthly benefit of \$7500, after satisfying the elimination period (waiting period) you have selected and subject to approval of your claim. Benefits are not taxable and no other payroll deductions are taken from your check.

The short-term disability insurance benefit terminates 26 weeks from the date of the onset of your disability. If you are still unable to work due to the disability at that time, you may then be eligible to receive a long-term disability insurance benefit.

Eligible new employees may enroll in short-term disability insurance without evidence of insurability during their first 31 days of employment. Employees may also enroll in short-term disability, or change to a shorter elimination period, without evidence of insurability during open enrollment. Coverage will be effective the date of employment (if enrolled on or before the first day of employment), or the first of the month following the date of enrollment. Employees may change to a longer elimination period at any time.

### Short-Term Disability Insurance Elimination Period

Employees must choose whether they want a 30, 60, or 90-day elimination period. If your claim is approved, benefits are payable after you have satisfied the elimination period. The elimination period runs simultaneously with the use of your sick leave, so the size of your sick leave bank may help you determine the appropriate elimination period.

#### *Elimination period*

The elimination period is based on calendar days, not work days.

- 30 calendar days = approximately 21 work days or 168 hours.
- 60 calendar days = approximately 43 work days or 344 hours.
- 90 calendar days = approximately 65 work days or 520 hours.

#### *Monthly benefit examples*

- Monthly Salary = \$2,353 (\$28,236 annual/12) times .6 = \$1,411.80
- Monthly Salary = \$3,467 (\$41,600 annual/12) times .6 = \$2,080.20

#### *Monthly premium rate example*

Multiply your Monthly Salary=\$2,353 (\$28,236 annual/12) by rate:

- 30 day--0.00390 = \$9.18 Monthly Premium
- 60 day--0.00299 = \$7.04 Monthly Premium
- 90 day--0.00182 = \$4.28 Monthly Premium

#### *Costs*

All premiums are employee-paid.

Option 1 – 30-day elimination period	.390% of monthly salary
Option 2 – 60-day elimination period	.299% of monthly salary
Option 3 – 90-day elimination period	.182% of monthly salary



# VISION INSURANCE

Vision insurance is provided by VSP Vision Care

Contact: 1-800-877-7195

Vision insurance is provided by VSP. Coverage provides one annual eye exam and other eye-related services and savings for prescription eye wear, lenses and contact lenses.

Employee dependents and legally married spouse can be insured. Refer to detailed summary of benefits covered for each plan linked below or request a paper copy from your assigned department [Personnel, Benefits and Transactions Assistant](#).

## 2025 Monthly Premium

Plan	Monthly deduction	Single	Employee + spouse	Employee + child(ren)	Family
Advantage	Employee	\$5.84	\$11.70	\$12.50	\$20.00

The monthly premium is deducted from the second paycheck/month. For an overview of products and services take a look at the basics. These documents are also available on [rasmeycounty.us/OpenEnrollment](https://rasmeycounty.us/OpenEnrollment).

- [VSP Member Welcome letter and ID Card \(PDF\)](#)
- [VSP Vision Care APP \(PDF\)](#)

## Plan documents

Refer to the client vision care policy or request a paper copy from your department Personnel Benefits and Transactions Assistant.

# VSP Advantage Plan<sup>SM</sup>



The VSP Advantage Plan is a full-service plan that offers choice, flexibility, and value through a VSP Advantage Network Provider.

  
**Save up to \$3,000**

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.

  
**Get up to \$250 back**

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.

  
**\$1,000 savings on LASIK**

Members can save up to \$1,000 on LASIK at Lasik<sup>Plus</sup>, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS.](https://www.vsp.com/offers)

## Benefits through a VSP Network Provider

### Exam Services

- Comprehensive WellVision Exam<sup>®</sup> covered in full\*
- Routine retinal screening covered after a no more than \$39 copay

### Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full\*

### Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 20-25%

<b>Lens Enhancement</b>	<b>Single Vision</b>	<b>Multifocal</b>
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Standard Progressive	Covered	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	Covered	\$17

*Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost*

### Frame

- Frames covered in full\* up to the retail allowance of **\$175**.
- Featured frame brands, including bebe, Calvin Klein, Cole Haan, Dragon<sup>®</sup>, Flexon<sup>®</sup>, Longchamp, Nike, and more are covered up to the enhanced featured frame allowance of **\$225**.  
*Featured frame brands subject to change.*
- 20% off any amount above the retail allowance
- Members can choose from all frames available on the market today

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## VSP Advantage Plan<sup>SM</sup>

### Additional Pairs of Glasses

- Within 12 months of exam: 40% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

### Elective Contact Lenses

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$50**.
- Prescription contact lens materials are covered in full up to the retail allowance of **\$175** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

### Essential Medical Eye Care

- Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
- **\$20 exam copay**

### VSP Laser VisionCare<sup>SM</sup> Program

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK

*Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member.*

### Implementation Credit

Changing carriers can seem like a heavy lift – we get it! That's why Ramsey County will receive support and investment from VSP, from the very start. We understand there may be costs related to implementing a new plan, like modifying membership reporting systems, adjusting file feeds, and updating communication channels. And those are just a few examples. To help offset, we're delighted to offer a one-time implementation credit of **\$20,000**. We'll provide these funds to Ramsey County upon contract award in 2024, but you're welcome to spend the money throughout the course of your contract. We simply ask that Ramsey County provide invoices to VSP for actual expenses as they're incurred.

### Out-of-Network Schedule

We offer a generous reimbursement schedule for services from other providers

Exam	\$ 45
Lenses:	
Single vision	\$ 30
Lined bifocal	\$ 50
Lined trifocal	\$ 60
Frame	\$ 50
Elective contact lenses (in lieu of lenses and frame)	\$ 100



# Thanks for Being Part of the VSP Family!



By enrolling in VSP®, it's clear that eye health is important to you. That's great because we love eyes, and we want to help you get the most from your vision coverage.

## Here's a quick overview of the most important info and tips you'll need to know to get started.

### View your benefits.

You get the most out of your benefits when you log in. Go to **vsp.com** and click **Create an Account** to get started. Once you've set up your VSP member account, you can easily view your benefits, including any copays and coverage for things like glasses, contact lenses, and LASIK.

### Find an in-network doctor.

It's easy to find an in-network doctor near you by visiting **vsp.com** and selecting **Find a Doctor**.



Your eyes will love the experience at a VSP Premier Edge™ location. Available to all VSP members at no extra cost, you'll get exclusive rebates, the latest exam technology, a worry-free eyewear guarantee, and more when you visit a Premier Edge location.

### Schedule your eye exam.

An annual eye exam is an important window into your overall health, which makes it a must-have in your wellness routine. Even if you have 20/20 vision, it's essential to see your eye doctor every year to check your eye health.

### Save on eyewear and so much more.

As a member, you have access to Exclusive Member Extras, totaling more than \$3,000 in savings. You'll also save on contacts, glasses, and sunglasses when you use your benefits on **eyeconic.com**®—the VSP preferred online retailer.

## Visit **vsp.com** today to access your personalized benefits!

That's it for now. But if you have any questions, give us a call at **800.877.7195** or visit **vsp.com**. Thanks for choosing VSP!

**Kate Renwick-Espinosa**  
President, VSP Vision Care

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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Classification: Restricted

Your member vision card is for your reference only. No card is needed at your appointment.



VSP® Member  
**Company Name: Ramsey County**  
Doctor Network: VSP Advantage  
Copays  
Exam: **\$0**                      Materials: **\$25**  
View your benefits at **vsp.com** or call **800.877.7195**.

This card is not required for service and does not guarantee benefit eligibility. It's for use by VSP members. This is not an insurance contract and only the actual policy provisions will control. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division. Washington members, your VSP coverage is provided by VSP Vision Care, Inc.  
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VSP® Member  
**Company Name: Ramsey County**  
Doctor Network: VSP Advantage  
Copays  
Exam: **\$0**                      Materials: **\$25**  
View your benefits at **vsp.com** or call **800.877.7195**.

This card is not required for service and does not guarantee benefit eligibility. It's for use by VSP members. This is not an insurance contract and only the actual policy provisions will control. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division. Washington members, your VSP coverage is provided by VSP Vision Care, Inc.  
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Check Out [vsp.com](https://vsp.com)



As a VSP® member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.



### Your VSP Dashboard



Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

### Personalized Benefits Section



The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

### Special Offers and Savings



We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

### Improved Find a Doctor Page



The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!



### VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.



Create a [vsp.com](https://vsp.com) account to get the most out of your vision benefits.