



2017 Benefit Summary For Full-time Employees



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Overview

Your benefits are an important part of your compensation.

Your benefits

When you think about your total compensation package, don't forget about your benefits. Along with your pay, the City of Bloomington has provided a benefit program with real financial value. Your benefits package will improve your life and the lives of your family members. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. But you and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

Select your benefits carefully

When possible, you are offered options so that you can select the plan that best fits your needs. To get the most value from your benefits, carefully consider which options are right for you and your family. Because your premiums are generally deducted on a pretax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a family status change. Qualified status changes can be found on page 18 of this booklet.

Inside this booklet

This booklet describes your 2017 employee benefits. For each benefit plan, you will find a description of your coverage, as well as information about eligibility, enrollment, costs and contact information. This booklet is intended to provide a summary of each of your benefit plans. Although care was taken to correctly describe these plans, you should consult your actual certificate for full details.

Total Rewards

At the City of Bloomington, we provide our employees with a total rewards package. Total rewards is everything that an employee values in the employment relationship.

The benefit plans offered are:

- Medical
- Dental
- Flexible Spending Accounts
- Life Insurance/AD&D
- Supplemental Life
- Voluntary Short Term Disability
- Long Term Disability

Eligibility

All active employees working 40 hours or more per week are eligible for benefits. Various effective dates apply to the different types of insurance plans.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26. All employees must complete an enrollment form indicating coverage elections, waived coverage and beneficiary information

Medical Benefits

Administered by Medica

Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Remember that you can help to keep your plan costs low. Although you are not required to see a network provider, your expenses will be less when you seek care within the network. Most importantly, make sure you understand your plan so that you can use your medical benefits wisely.

MEDICA CHOICE PASSPORT AND MEDICA ELECT OR MEDICA ESSENTIAL - \$30 COPAY PLAN	
<p><u>Medica Choice Passport</u></p> <ul style="list-style-type: none"> Traditional open access PPO medical plan No referrals to see in-network providers <p><u>Medica Elect/Essential</u></p> <ul style="list-style-type: none"> A medical home - you choose a primary care clinic/care system Care is coordinated by your primary care clinic 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> Deductible: \$350/person; \$700/family Out-of-pocket maximum: \$1,500/person; \$3,000/family Preventive Care 100% Office visits and Urgent Care: \$30 copay, deductible does not apply Inpatient/outpatient services 80% coverage
MEDICA CHOICE AND MEDICA ELECT OR MEDICA ESSENTIAL - HIGH-DEDUCTIBLE PLAN - HEALTH REIMBURSEMENT ACCOUNT	
<p><u>Medica Choice Passport</u></p> <ul style="list-style-type: none"> Traditional open access PPO medical plan No referrals to see in-network providers <p><u>Medica Elect/Essential</u></p> <ul style="list-style-type: none"> A medical home - you choose a primary care clinic/care system Care is coordinated by your primary care clinic 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> Deductible: \$2,600/person; \$5,200/family Out-of-pocket maximum: \$2,600/person; \$5,200/family Preventive Care 100% Office visits and Urgent Care: 100% coverage after deductible Inpatient/outpatient services 100% coverage after deductible
MEDICA CHOICE AND MEDICA ELECT OR MEDICA ESSENTIAL - HIGH-DEDUCTIBLE PLAN - HEALTH SAVINGS ACCOUNT	
<p><u>Medica Choice Passport</u></p> <ul style="list-style-type: none"> Traditional open access PPO medical plan No referrals to see in-network providers <p><u>Medica Elect/Essential</u></p> <ul style="list-style-type: none"> A medical home - you choose a primary care clinic/care system Care is coordinated by your primary care clinic 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> Deductible: \$2,600/person; \$5,200/family Out-of-pocket maximum: \$2,600/person; \$5,200/family Preventive Care 100% Office visits and Urgent Care: 100% coverage after deductible Inpatient/outpatient services 100% coverage after deductible

Medical Plan Benefit Summary - \$30 Copay Plan

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT \$30 COPAY PLAN		ELECT/ESSENTIAL \$30 COPAY PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE AND OUT-OF-POCKET				
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Calendar Year Deductible	\$350 per person \$700 per family	\$700 per person \$1,500 per family	\$350 per person \$700 per family	\$700 per person \$1,500 per family
Calendar Year Medical Out-of-Pocket Maximum	\$1,500 per person \$3,000 per family	\$2,250 per person \$5,000 per family	\$1,500 per person \$3,000 per family	\$2,250 per person \$5,000 per family
PREVENTIVE HEALTHCARE				
Routine Physical and Eye Exams, Well-child care	You pay nothing	You pay 40% after deductible	You pay nothing	You pay 40% after deductible
Prenatal & Postnatal Care	You pay nothing	You pay 40% after deductible	You pay nothing	You pay 40% after deductible
Immunizations	You pay nothing	You pay 40% after deductible	You pay nothing	You pay 40% after deductible
OFFICE VISITS				
Illness or Injury, Mental/Chemical Healthcare	You pay \$30 per visit	You pay 40% after deductible	You pay \$30 per visit	You pay 40% after deductible
Physical, Occupational & Speech Therapy	You pay \$30 per visit	You pay 40% after deductible	You pay \$30 per visit	You pay 40% after deductible
Chiropractic Care (Neuromusculoskeletal conditions only)	You pay \$30 per visit	You pay 40% after deductible (limited to 20 visits per year)	You pay \$30 per visit	You pay 40% after deductible (limited to 20 visits per year)
Convenience Care	You pay \$15 per visit	You pay 40% after deductible	You pay \$15 per visit	You pay 40% after deductible
EMERGENCY CARE				
Urgently Needed Care at an Urgent Care Clinic or Medical Center	You pay \$30 per visit	Covered as In-Network	You pay \$30 per visit	Covered as In-Network
Emergency Care at a Hospital ER	You pay \$75 copay per visit	Covered as In-Network	You pay \$75 copay per visit	Covered as In-Network
Ambulance	You pay nothing	Covered as In-Network	You pay nothing	Covered as In-Network
INPATIENT HOSPITAL CARE				
Illness or Injury, Mental/Chemical Healthcare	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
OUTPATIENT CARE				
Scheduled Outpatient Procedures	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient MRI and CT Scan	You pay nothing	Covered as In-Network	You pay nothing	Covered as In-Network
DURABLE MEDICAL EQUIPMENT				
Durable Medical Equipment and Prosthetics	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible

Out-of-Network Well-child care and Pre-Natal care is covered at 0% deductible and coinsurance. However, if an Out-of-Network provider charges more than the allowed amount, you may have to pay the difference.

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT \$30 COPAY PLAN		ELECT/ESSENTIAL \$30 COPAY PLAN	
PHARMACY Preferred Rx (31-day supply, 1 Cycle of Oral Contraceptives, 93-day Supply for Mail Order)				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Specialty Drugs – Preferred Specialty Drugs	20% with a \$10 minimum and \$25 maximum	Not covered	20% with a \$10 minimum and \$25 maximum	Not covered
Specialty Drugs – Non Preferred Specialty Drugs	20% with a \$10 minimum and \$25 maximum	Not covered	20% with a \$10 minimum and \$25 maximum	Not covered
Retail Copay for 1-Month Supply				
Generic	20% with a \$10 minimum and \$25 maximum	You pay 40% coinsurance after deductible	20% with a \$10 minimum and \$25 maximum	You pay 40% coinsurance after deductible
Preferred Brand	20% with a \$10 minimum and \$25 maximum	You pay 40% coinsurance after deductible	20% with a \$10 minimum and \$25 maximum	You pay 40% coinsurance after deductible on
Non-Preferred Brand	Not covered	You pay 40% coinsurance after deductible	Not covered	You pay 40% coinsurance after deductible
Medica Mail-Order Copay for 3-Month Supply				
Generic	You pay 20% (min \$20/max \$50)		You pay 20% (min \$20/max \$50)	
Preferred Brand	You pay 20% (min \$20/max \$50)		You pay 20% (min \$20/max \$50)	
Non-Preferred Brand 3	No coverage		No coverage	

Pharmacy Resources

Starting January 1, 2017, Medica’s pharmacy program will be administered by CVS Caremark™. Caremark will maintain Medica’s drug list, process claims and help us better coordinate your care.

Some members will see changes in their prescription coverage for certain drugs and supplies. Those affected by coverage changes will receive a letter with details about specific changes. Once you have received this important letter, **talk with your doctor or pharmacist about your treatment options.** For more information about the pharmacy changes, please visit: <https://medicalexchanges.com/members/large-group/>

Your new ID card

Watch for your new ID card to arrive in the mail before the end of the year. Your card will include new information for your pharmacist. Starting January 1, 2017 use your new card to make sure you receive the right coverage for your prescriptions.

Large Pharmacy Network

You’ll have access to a broad network of pharmacies – including chain pharmacies (Walgreens, CVS Pharmacy, etc.) and neighborhood pharmacies. Most members won’t see changes to their pharmacy network access.

Medical Plan Benefit Summary - High-Deductible Plan paired with HRA

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT HIGH-DEDUCTIBLE PLAN		ELECT/ESSENTIAL HIGH-DEDUCTIBLE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE AND OUT-OF-POCKET				
Lifetime Maximum	Unlimited	\$3,000,000	Unlimited	\$3,000,000
Calendar Year Deductible	\$2,600 per member \$5,200 per family	\$6,000 per member \$12,000 per family	\$2,600 per member \$5,200 per family	\$6,000 per person \$12,000 per family
Calendar Year Medical Out-of-Pocket Maximum	\$2,600 per person \$5,200 per family	\$11,000 per person \$22,000 per family	\$2,600 per person \$5,200 per family	\$11,000 per person \$22,000 per family
PREVENTIVE HEALTHCARE				
Routine Physical and Eye Exams, well-child care	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
Prenatal & Postnatal Care	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
Immunizations	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
OFFICE VISITS				
Illness or Injury, Mental/Chemical Healthcare	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Physical, Occupational & Speech Therapy	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Chiropractic Care (Neuromusculoskeletal conditions only)	You pay 0% after deductible	You pay 50% after deductible (limited to 20 visits per year)	You pay 0% after deductible	You pay 50% after deductible (limited to 20 visits per year)
EMERGENCY CARE				
Urgently Needed Care at an Urgent Care Clinic or Medical Center	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
Emergency Care at a Hospital ER	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
Ambulance	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
INPATIENT HOSPITAL CARE				
Illness or Injury, Mental/Chemical Healthcare	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
OUTPATIENT CARE				
Scheduled Outpatient Procedures	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Outpatient MRI and CT Scan	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
DURABLE MEDICAL EQUIPMENT				
Durable Medical Equipment and Prosthetics	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible

Out-of-Network Well-child care and Pre-Natal care is covered at 0% deductible and coinsurance. However, if an Out-of-Network provider charges more than the allowed amount, you may have to pay the difference.

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT HIGH-DEDUCTIBLE PLAN		ELECT/ESSENTIAL HIGH-DEDUCTIBLE PLAN	
PHARMACY Preferred Rx (31-day supply, 1 Cycle of	Oral Contraceptives, 93-day Supply for Mail Order)			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Specialty Drugs - Generic	You pay \$15 copay per prescription	Not covered	You pay \$15 copay per prescription	Not covered
Specialty Drugs – Preferred Brand	You pay \$15 copay per prescription	Not covered	You pay \$15 copay per prescription	Not covered
Retail Copay for 1-Month Supply				
Generic	You pay \$15 copay per prescription	You pay 50% coinsurance after deductible	You pay \$15 copay per prescription	You pay 50% coinsurance after deductible
Preferred Brand	You pay \$15 copay per prescription	You pay 50% coinsurance after deductible	You pay \$15 copay per prescription	You pay 50% coinsurance after deductible
Non-Preferred Brand	You pay \$25 copay per prescription	You pay 50% coinsurance after deductible	You pay \$25 copay per prescription	You pay 50% coinsurance after deductible
Medica Mail-Order Copay for 3-Month Supply				
Generic	You pay \$30 copay		You pay \$30 copay	
Preferred Brand	You pay \$30 copay		You pay \$30 copay	
Non-Preferred Brand	You pay \$50 copay		You pay \$50 copay	

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Some members will see changes in their prescription coverage for certain drugs and supplies. Those affected by coverage changes will receive a letter with details about specific changes. Once you have received this important letter, **talk with your doctor or pharmacist about your treatment options.** For more information about the pharmacy changes, please visit: <https://medicaxchanges.com/members/large-group/>

Your new ID card

Watch for your new ID card to arrive in the mail before the end of the year. Your card will include new information for your pharmacist. Starting January 1, 2017 use your new card to make sure you receive the right coverage for your prescriptions.

Large Pharmacy Network

You’ll have access to a broad network of pharmacies – including chain pharmacies (Walgreens, CVS Pharmacy, etc.) and neighborhood pharmacies. Most members won’t see changes to their pharmacy network access.

HRA/VEBA Contributions

The HRA/VEBA is made up of two components – a Health Reimbursement Arrangement (HRA) and a VEBA trust (Voluntary Employees’ Beneficiary Association). An HRA is an employer-sponsored medical benefit plan through which you can get reimbursed tax-free for your eligible out-of-pocket medical and dental expenses. A VEBA is a trust that allows assets to grow tax-free and be paid out for eligible employee medical and dental expenses. To be eligible for this account you must be enrolled in the HRA High-Deductible Health plan. You also may use the funds in this account to be reimbursed for eligible medical and dental expenses for your spouse and dependent children. ***New for 2017, you may only be reimbursed for your spouse and dependents’ claims if they are enrolled in the City’s HRA High Deductible plan, or, if you can attest that they have other coverage.*** See Human Resources for the attestation form and/or more information. Funds in this account will be paid out (in most cases) after you exhaust your Medical Flexible Spending Account. The HRA/VEBA account is yours even if you retire or terminate employment. Qualified expenses, after termination, can be used to pay for most insurance premiums including Medicare Supplement premiums. Fees will be charged to the account after termination. The HRA/VEBA is administered by America’s VEBA Solution/Genesis Employee Benefits.

City of Bloomington HRA/VEBA contributions for 2017	
All Employees enrolled in the HRA High Deductible Plan	2017 \$1,750 if participation occurs between 01/01 and 06/30; \$ 875 if participation starts on or after 07/01.

Medical Plan Benefit Summary - High-Deductible Plan paired with HSA

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT HIGH-DEDUCTIBLE PLAN		ELECT/ESSENTIAL HIGH-DEDUCTIBLE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE AND OUT-OF-POCKET				
Lifetime Maximum	Unlimited	\$3,000,000	Unlimited	\$3,000,000
Calendar Year Deductible	\$2,600 per member \$5,200 per family	\$6,000 per member \$12,000 per family	\$2,600 per member \$5,200 per family	\$6,000 per person \$12,000 per family
Calendar Year Medical Out-of-Pocket Maximum	\$2,600 per person \$5,200 per family	\$11,000 per person \$22,000 per family	\$2,600 per person \$5,200 per family	\$11,000 per person \$22,000 per family
PREVENTIVE HEALTHCARE				
Routine Physical and Eye Exams, well-child care	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
Prenatal & Postnatal Care	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
Immunizations	You pay nothing	You pay 50% after deductible	You pay nothing	You pay 50% after deductible
OFFICE VISITS				
Illness or Injury, Mental/Chemical Healthcare	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Physical, Occupational & Speech Therapy	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Chiropractic Care (Neuromusculoskeletal conditions only)	You pay 0% after deductible	You pay 50% after deductible (limited to 20 visits per year)	You pay 0% after deductible	You pay 50% after deductible (limited to 20 visits per year)
EMERGENCY CARE				
Urgently Needed Care at an Urgent Care Clinic or Medical Center	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
Emergency Care at a Hospital ER	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
Ambulance	You pay 0% after deductible	Covered as In-Network	You pay % after deductible	Covered as In-Network
INPATIENT HOSPITAL CARE				
Illness or Injury, Mental/Chemical Healthcare	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
OUTPATIENT CARE				
Scheduled Outpatient Procedures	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Outpatient MRI and CT Scan	You pay 0% after deductible	Covered as In-Network	You pay 0% after deductible	Covered as In-Network
DURABLE MEDICAL EQUIPMENT				
Durable Medical Equipment and Prosthetics	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible

Out-of-Network Well-child care and Pre-Natal care is covered at 0% deductible and coinsurance. However, if an Out-of-Network provider charges more than the allowed amount, you may have to pay the difference.

PLAN HIGHLIGHTS (Partial Listing of Covered Services)	CHOICE PASSPORT HIGH-DEDUCTIBLE PLAN		ELECT/ESSENTIAL HIGH-DEDUCTIBLE PLAN	
PHARMACY --Preferred Rx (31-day supply, 1 Cycle of Oral Contraceptives, 93-day Supply for Mail Order)				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Specialty Drugs - Generic	0% coinsurance after deductible.	Not covered	0% coinsurance after deductible.	Not covered
Specialty Drugs - Preferred Brand	0% coinsurance after deductible.	Not covered	0% coinsurance after deductible.	Not covered
Retail for 1-Month Supply				
Generic	0% coinsurance after deductible. No charge for Preventive drugs.	You pay 50% coinsurance after deductible.	0% coinsurance after deductible. No charge for Preventive drugs.	You pay 50% coinsurance after deductible.
Preferred Brand	0% coinsurance after deductible. No charge for Preventive drugs.	You pay 50% coinsurance after deductible.	0% coinsurance after deductible. No charge for Preventive drugs.	You pay 50% coinsurance after deductible.
Non-Preferred Brand	0% coinsurance after deductible.	You pay 50% coinsurance after deductible.	0% coinsurance after deductible.	You pay 50% coinsurance after deductible.
Medica Mail-Order Copay for 3-Month Supply				
Generic	0% coinsurance after deductible. No charge for Preventive drugs.		0% coinsurance after deductible. No charge for Preventive drugs	
Preferred Brand	0% coinsurance after deductible. No charge for Preventive drugs.		0% coinsurance after deductible. No charge for Preventive drugs	
Non-Preferred Brand	0% coinsurance after deductible.		0% coinsurance after deductible.	

Pharmacy Resources

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Some members will see changes in their prescription coverage for certain drugs and supplies. Those affected by coverage changes will receive a letter with details about specific changes. Once you have received this important letter, **talk with your doctor or pharmacist about your treatment options.** For more information about the pharmacy changes, please visit: <https://medicarxchanges.com/members/large-group/>

Your new ID card

Watch for your new ID card to arrive in the mail before the end of the year. Your card will include new information for your pharmacist. Starting January 1, 2017 use your new card to make sure you receive the right coverage for your prescriptions.

Large Pharmacy Network

You’ll have access to a broad network of pharmacies – including chain pharmacies (Walgreens, CVS Pharmacy, etc.) and neighborhood pharmacies. Most members won’t see changes to their pharmacy network access.

Health Savings Account (HSA) Contributions

The City of Bloomington works with Genesis Employee Benefits to provide an HSA account which is only available to you if electing the HSA \$2600 Qualified High Deductible Health Plan as your medical plan option, and you have no other disqualifying coverage.

An HSA allows you to contribute money on a pretax basis and get reimbursement tax-free for qualified medical related expenses for you, and if applicable, your spouse and/or your eligible tax dependent children. Unlike the pretax medical and new pretax limited flex reimbursement accounts, you do not forfeit any unused money at year end as the HSA allows funds to roll over and accumulate from year to year if not spent and because the account is owned by you, the funds in it at the time you leave the City are yours to keep for future reimbursement of qualified medical expenses.

For an employee under age 55 by 2017 year end, the annual contribution limit to an HSA for single coverage is \$3,400 and for family coverage is \$6,750. For an employee age 55 or older by 2017 year end, the annual contribution limit to an HSA for single coverage is \$4,400 and for family coverage is \$7,750.

City of Bloomington HSA contributions for 2017	
All Employees enrolled in the HSA High Deductible Plan	2017 \$ 1,750 if participation occurs between 01/01 and 06/30; \$ 875 if participation starts on or after 07/01.

Medical Insurance Terminology

Unfamiliar terminology can make choosing a medical plan confusing. To help you navigate your benefit options, we have provided the following definitions of common medical insurance terms.

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This amount is an annual amount calculated during the plan year, January through December.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically you would see a copay for office visits and prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. The City plans OOPM plans calculate on the plan year; January through December. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with Medica. Based on the EOB distribution option selected on mymedica.com, once the claim processes, you can either view your EOB online on mymedica.com or receive a paper copy in the mail. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Medica, what Medica paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual OOPM and deductible, if applicable.

Health Reimbursement Arrangement/Voluntary Employees Beneficiary Association (HRA/VEBA)

A tax-free medical expense account funded by the City on your behalf if you enroll in the HRA High-Deductible Health Plan.

Health Savings Account (HSA)

A tax-free medical savings account with contributions made when you enroll in the HSA HDHP.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

If you use out-of-network benefits, you may incur costs in addition to your copayment, coinsurance and deductible amounts. If the amount that your non-network provider bills you is more than the non-network provider reimbursement amount, you are responsible for paying the difference. Also, the difference does not apply toward your Out-of-pocket maximum.

Elect/Essential

Elect and Essential plans require you select a primary care provider.

High-Deductible Health Plan (HDHP)

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits.

Certificate of Coverage (COC)

The Certificate of Coverage is a summary of the master plan document that can be viewed online at www.mymedica.com. A paper copy can be mailed upon request. If changes are made to the master plan, you will receive amendments to the Certificate of Coverage.

Preferred Drugs

Generic drugs are the prescription medications covered under your medical insurance with the maximum plan benefit. If your provider prescribes a Preferred Brand or Non-Preferred drug list medication, you may have coverage, but a higher copay will be assessed or you may not have coverage. To view Medica's Preferred Drug List, visit <https://medicarxchanges.com/members/large-group/>.

Need Help Selecting your Medical Plan?

It's important to consider your options when selecting your medical plan. Deciding on a plan is a personal decision for you and your family and the "best" option may not always be the most expensive plan. When choosing the plan that's right for you, it's important to think about your total costs:

$$\text{Fixed costs (annual premium contributions) + Variable costs (out-of-pocket expenses) = Total Costs}$$

Here are a few things to think about when choosing a medical plan:

- Consider the monthly employee contribution; based on usage, you may save money. Would you prefer to have a higher payroll deduction and lower costs out of pocket or would you prefer a lower payroll deduction and higher out-of-pocket expenses.
- How do you and your family use your healthcare? Consider the number of office visits you make in an average year, the number and cost of prescription drugs you use, and the number of foreseeable hospital visits you anticipate in the upcoming plan year (pregnancy, chronic conditions, etc.).
- Want more control over your healthcare dollars? With the High-Deductible plan, the cost of coverage (your monthly premium) is lower, but you generally pay more at the time of service than you would if you were enrolled in either of the copay plans that the City offers. It's a different way of thinking about the total cost of care. Instead of paying for coverage you might not actually use (in higher premium contributions), a high-deductible health plan lets you pay for only the healthcare services you use.
- The High-Deductible plan is paired with a HRA/VEBA or the HSA contributions. Your HRA/VEBA account and HSA are available to reimburse you for expenses incurred on the HDHP.
- Will you be covering dependents that live outside of Medica's service area?

Medica Choice Passport has nationwide in-network coverage and no referrals are needed when you see in-network providers.

Medica Elect and Medica Essential are options if you want to save money on monthly premium costs and if you and your family live or work within the provider service area. A primary clinic is chosen and care is coordinated by this clinic. National network coverage is available when you travel.

Preventive Health and Wellness

By taking a proactive role in your healthcare, you will make better decisions about your medical care that will ultimately reduce *your* healthcare costs. Did you know that preventable illnesses and chronic disease account for 8 of the 9 leading causes of death? Preventive care is the first step to maintaining good health, **and** your health plan covers in-network preventive care 100%!



My Health Rewards by Medica[®] Enhanced

My Health Rewards offers a personal, social and interactive experience that will inspire you to make positive changes in your life. Simple and creative programs reinforce healthy habits and make it easy to adopt new healthier behaviors.

Easy and fun: create your own personal path to health.

Social and engaging: makes it easy to compete with friends and coworkers.

Multi-screen access: available from many devices including desktops, tablets and smartphones.

Rewarding: healthy habits are reinforced with rewards.

Customized rewards – City of Bloomington offers an additional reward when you reach 300 points. Once you reach 300 points, you will earn a \$150 employer funded reward. This reward will be processed through City of Bloomington payroll.

Points earned	Earn your reward
100 points	\$20 gift card
200 points	\$20 gift card
300 points	\$20 gift card and \$150 employer-funded reward
400 points	\$20 gift card
500 points	\$20 gift card

Go to your personal member website at mymedica.com and click on the Health and Wellness tab to get started or To learn more, call Customer Service 952-945-8000.

Medica Value-Added Services

Other Plan Features (Medica)

The following programs are offered at no additional cost by Medica.

CallLink Nurse Line

Nurses are available anytime, 24 hours a day, 365 days a year.

When you want help making smart decisions about your health or the health of a family member, consider a call to the Medica CallLink nurse line. The nurse line offers immediate access to experienced, registered nurses who can answer your health questions and provide support.

Call nurse line at 1-800-962-9497 to:

- Discuss your symptoms
- Get information about health conditions
- Understand self-care options
- Learn more about a medication
- Find a physician, hospital or other facility in your plan's network
- Get help preparing questions for a doctor visit
- Learn about treatment options, including when to go to the doctor or emergency room

Nurses are available anytime, 24 hours a day, 365 days a year.

Optum Employee Assistance Program

Whether you are dealing with emotional issues, workplace difficulties or personal financial concerns, Optum can help you get the information and support you need. **1-800-626-7944.**

Fit Choices

Burn calories and save money. This program provides a \$20 credit toward your monthly dues when you work out at least 12 days per month at a participating fitness center. To get started, present your Medica ID card when you enroll at a participating fitness center.

Mail-Order Pharmacy

By using the mail order benefit, a covered member can receive up to a three-month supply of maintenance medication for only 2 copays on the \$30 Copay plan or the HRA High Deductible plan. Mail order is through Fairview Mail Service Pharmacies

Details and order forms are available at www.mymedica.com (choose Pharmacy Information located under Links and Tools in the upper right side of the page) or by calling Medica's Customer Service at 1-800-952-3455.

Additional City Sponsored programs:

Healthy Savings Program

Healthy Savings helps your family eat healthy and save more than \$50 a month on all kinds of qualified foods. Use your Healthy Savings card and shop for the weekly healthy food promotions offered at participating grocery stores including Cub, Lunds and Byerly's, and Hornbackers.

Fresh Produce Fund

Additional healthy savings through this fund offered by the City of Bloomington. You are offered a 25% discount up to \$5.00 / week on fresh produce purchases.

Plus Produce Perks

Offers Extra Savings on Fresh Produce. Any Healthy Saving offer with a Plus Produce Perks symbol means that you can save twice.

Several food manufacturers will offer discounts on their purchased items, PLUS another 25% of that discount will be applied toward the purchase of fresh produce. Healthy Savings cards are automatically loaded with the available discounts and applied toward your next purchase of fresh produce.

Need a Healthy Savings card?

- If you're new to Medica and live near a participating store, you're automatically enrolled in the Healthy Savings Program and will receive a Healthy Savings card.
- If you've participated in Healthy Savings before and need a new card, visit www.medica.com/healthysavings or call 952-945-8000 to request a new card, view healthy recipes and nutrition advice payments.

Civic Plaza Fitness Center

The City of Bloomington maintains a Fitness Center adjacent to Civic Plaza's lunch room for use by eligible City employees who have completed the proper paperwork. Access to the Fitness Center may be granted to all regular full-time and part-time City employees. No employee will be eligible to use the Fitness Center until they have turned in the required paperwork. Go to CityBiz, Police, Fitness Center, and print out the Liability Waiver and Rules.

Health Club Reimbursement - \$150

Full-time employees who join a bona fide health club will be reimbursed up to \$150 one-time payment per year. Complete form with Human Resources.

Commuter Group & Commuter Cafe Website

An informal group of alternative commuters meets monthly to discuss various alternative commuting topics. In addition, the group has a webpage on CityBiz called Commuter Cafe, with resources and tips for commuting alternatively. For more information contact the Engineering Division.

Dental Benefits

Administered by Delta Dental

Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. Your plan is designed to encourage regular visits to your dentist which is essential to maintaining oral health, and to provide coverage for basic diagnostic and preventive dental needs.

Your deductibles and annual maximums are accumulated January to December.

	DELTA PPO	DELTA PREMIER	NON-PARTICIPATING
Deductible (Does not apply to diagnostic & preventive services)	\$25/person;\$75/family, excluding Orthodontia		
Calendar Year Plan Maximum	\$1,500/member		
Diagnostic & Preventive Exams & cleanings, x-rays, fluoride treatments, space maintainers, sealants	100% covered	100% covered	100% of maximum allowable fee
Basic Dental Services Fillings, root canal therapy, oral surgery	70% covered	70% covered	70% of maximum allowable fee
Major Dental Services Crowns, inlays, onlays, bridges, dentures, bridges	50% covered	50% covered	50% of maximum allowable fee
Prosthetic repairs	70% covered	70% covered	70% of maximum allowable fee
Orthodontia Services (lifetime maximum of \$2,250 per Covered Person)	50% covered	50% covered	50% of maximum allowable fee

Note: Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

Current dental provider listings are available at www.deltadental.com.

Flexible Benefits

Administered by Genesis Employee Benefits, Inc.

Premium Conversion Account— Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

Healthcare Reimbursement FSA

You can set aside up to \$2,550 in a Healthcare Reimbursement FSA each year to help pay for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependent child(ren). Below is a brief list of such expenses:

- Deductibles, coinsurance and/or copays under a health, dental or vision plan
- Eye glasses, contact lenses, cleaning and wetting solutions
- Orthodontia expenses
- Lasik eye surgery or radial keratotomy

Federal tax rules define which health expenses are eligible for reimbursement from a Healthcare Reimbursement FSA.

Orthodontia Expenses: Typically, a portion of an Orthodontia contract (25% to 35%) is for expenses incurred immediately to complete initial orthodontia work. The remainder of the contract balance is divided over the remaining months of treatment. Under some contracts, the remaining months may span over a two- or three-year period. You may only receive reimbursements under your Healthcare Reimbursement FSA for expenses you incur during that plan year.

Limited Purpose Healthcare Reimbursement FSA

The Limited Purpose Health Care Reimbursement plan is available for employees choosing the \$2,600 HSA HDHP with the Health Savings Account (HSA) as they are no longer eligible for the regular pretax Health Care Reimbursement plan if they are contributing to an HSA. This Limited Purpose plan allows you to contribute on a pretax basis, up to \$2,550 for the plan year, for reimbursement of dental and vision care expenses only. If a claim is incurred that exceeds the deductible, you are able to submit that claim for approval to be reimbursed.

Dependent Care Reimbursement FSA

You can set aside up to \$5,000 (up to \$2,500 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as daycare for your child or elder care.

If, in order to maintain employment, you are paying for child care or elder care services, you may be eligible to request reimbursement for some or all of those expenses through this program. Child care or elder care services may qualify for reimbursement if they meet these requirements:

- The child must be under 13 years old or, if older, mentally or physically incapable of caring for himself or herself.
- Must be provided by a facility or caretaker with a registered tax ID number.
- The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.

The following illustrates how the Section 125 Flexible Spending Account works.

EXAMPLE: An employee's annual gross pay is \$24,000. The employee's portion of premium and additional election to the FSA totals \$2,500 for the year.

	WITHOUT FSA	WITH FSA
Gross Pay	\$24,000	\$24,000
Less Premiums and FSA Contributions	\$0	-\$2,500
Taxable Income	\$24,000	\$21,500
Less Taxes (Federal, State and FICA estimated at 30%)*	-\$7,200	-\$6,450
Less Premium and Out-of-Pocket Expenses	-\$2,500	-\$2,500
Plus Reimbursement from FSA	\$0	+\$2,500
Take-Home Pay	\$14,300	\$15,050

*Taxes are illustrated for example purposes only. Reduced Social Security Tax (FICA) may result in less Social Security benefit.

The annual difference of \$750 shows the value of paying for insurance premiums and other out-of-pocket expenses with pretax dollars. In this example, the employee has an additional \$750 "in-pocket" throughout the year, versus having paid that amount in taxes.

Plan Participation Requirements

Since the premiums and any money set aside in these programs are done so on a pretax basis, the ability to add or drop coverage or change your elections under these programs is limited to either our annual open enrollment period or due to a change in family status that affects your eligibility for benefits.

Employees **must make an election each year** and indicate their decision to participate or waive participation under the Healthcare Reimbursement FSA and/or Dependent Care Reimbursement FSA. Prior year elections will not carry over to the next plan year. You may **not** make any changes to your elections, during the plan year, unless you have a qualified status change.

Qualified Status Changes may include the following and apply to you, your spouse or your eligible dependent:

- Marriage, divorce, legal separation or annulment.
- Birth or adoption of a child.
- Death of a spouse or child.
- Change in dependent status.
- Change in daycare provider.
- Commencement or termination of your or your spouse's employment.
- Change from full-time to part-time employment or vice versa by you or your spouse.
- A significant change in your or your spouse's health coverage and/or their insurance premium due to your spouse's employment.
- Taking of unpaid leave of absence by you or your spouse.

In most cases, **you have 30 days to notify Human Resources** of a qualified status change.

Grace Period

Eligible expenses incurred prior to March 15th following the close of the plan year (January - December) will be eligible for reimbursement if there are funds available in your FSA for the prior calendar year.

"Use It or Lose It" Rule

Federal tax laws require that a Section 125 Plan operate on a "use it or lose it" basis. This means that if you do not use the entire amount available for reimbursement under your Healthcare Reimbursement FSA or Dependent Care Reimbursement FSA for a Plan Year, you will forfeit the unused amount and have no further claim to those monies after the Plan Year ends. You have until **April 30th** each year to submit your claims (incurred during the previous calendar year) for reimbursement.

Our flex-plan administrator, Genesis Benefits, has online resources, including calculators and information on eligible expenses. Log on to www.genesisbenefits.net for more information.



Life and Accidental Death & Dismemberment Insurance

Administered by Minnesota Life Insurance

The City of Bloomington provides Basic Life and Accidental Death & Dismemberment coverage at no cost to you.

What would happen to your family or financial obligations if something happened to you? Life insurance is designed to provide protection for your dependents or to enable your beneficiary to settle your affairs in the event of your death. Regardless of your age, income, or health status, Life Insurance may help secure the future of your survivors.

When you enroll in a Life Insurance policy you need to designate a beneficiary. Since the most current beneficiary form determines who will receive your benefit, it is important to review your designation from time to time. You can change your beneficiary at any time by going on the Employee Self Service and select "Life Event". Email instructions will be sent to you.

Supplemental Life

This coverage is offered to employees as a way to supplement the employer-paid Life/AD&D coverage. This coverage also provides employees with a way to obtain coverage for their spouse and/or dependent children. Because this coverage is offered on a group basis through your employer, the cost is generally less than what an employee would find if seeking coverage on their own. Note: Dependent children are eligible from birth to age 26 if full-time student.

An employee may elect an amount of insurance between \$15,000 to \$370,000 in \$5,000 increments.

New employees may elect up to \$100,000 of coverage within the first 30 days of employment without submission of evidence of insurability.

New employees applying after 30 days of employment and current employees electing new or additional amounts of coverage will be required to submit evidence of insurability. The effective date of such insurance shall be the date the Minnesota Life approves the evidence.

Spouse Life - An employee may elect coverage for his/her spouse between \$15,000 and \$150,000 in \$5,000 increments. Coverage is subject to evidence of insurability. Evidence of insurability is waived on the first \$20,000 (\$25,000 beginning January 1, 2017) if an application is made within 30 days of first becoming eligible.

Premium Cost - Rates are applied on an attained age basis. Premium rates will increase on the policy anniversary date coinciding with, or next following, the insured's attainment of the age in the next higher age category.

If you decline supplemental life coverage for yourself and dependents upon hire and decide you want coverage in the future, you will be required to provide "Evidence of Insurability" on all amounts of coverage and coverage may be denied. For more specific information regarding life and AD&D see your certificates of coverage.

Monthly Supplemental Life Rates (includes \$.02 AD&D)												
Age Band	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Per \$1,000	\$.05	\$.06	\$.08	\$.09	\$.12	\$.14	\$.19	\$.27	\$.52	\$.77	\$1.33	\$2.08

Child(ren) Coverage - A new employee may elect child(ren) coverage during his/her initial waiting period without submitting evidence of insurability. Employees acquiring their first eligible child will have 30 days in which to apply without submission of evidence of insurability.

Amount of Insurance	
Unmarried Child(ren)	From Birth to Age 26 - \$10,000
Cost of coverage	\$1.00 per month

Voluntary Short Term Disability Insurance

Insured by Madison National Life Insurance Company

Protect your income! You may elect a benefit up to 60% of pre-disability earnings (subject to Evidence of Insurability)

- Short Term Disability pays you a weekly income while you recover from an injury, illness, or pregnancy related disability.
- You may elect coverage in \$100 increments not to exceed 60% of your income or \$1,800 whichever is less.
- Cost is based on age chart below.
- Benefits begin after 14 days of a non-job related accident or illness and continue for the lesser of 11 weeks or until LTD Benefits commence.
- Waiting Period: Approval from Madison National Life

Monthly Rates per \$100 of weekly benefit										
Age Band	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Per \$100 of weekly benefit	\$5.40	\$5.10	\$4.10	\$4.20	\$4.60	\$5.00	\$6.60	\$8.60	\$10.40	\$12.80

See brochure for rates and coverage information. [Employee Link on City's Website](#)



Long-Term Disability Insurance (LTD)

Insured by Madison National Life Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income.

Group Long Term Disability Insurance Benefits	
Eligibility	40 hours per week
Employer Contribution	100%
Effective Date	On the first day of the month coinciding with or following the employee's date of hire.
Yearly Salary	Basic Earnings will include pre-tax contributions for IRC457 and Flex Plans.
Pre-existing condition Limitation	None
Elimination Period	90 Consecutive calendar days "Cumulative Elimination Period" allows return to work for a limited time without beginning the 90 day elimination period over again.
Maximum Annual Covered Salary Maximum Monthly Benefit	\$170,000 \$8,500
Benefit Percent	60% of monthly earnings
Child Care Expense	Not to exceed \$350 per child (under age 13) per month.
Minimum monthly benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Maximum Benefit Period	Prior to age 60 - to the day before attaining the SSNRA as stated in the 1983 Revision of the US Social Security Act. Age 60-64 – to the day listed above or 36 month Age 65-67 – 24 months Age 70-71 – 15 months Age 68-69 – 18 months Age 72+ – 12 months
Definition of Disability	Benefits allowed for maximum of 3 years if disabled only from "own occupation".
Residual Disability	You will be considered totally disabled if you are working and earning less than 80% of your pre-disability wages.
Coordination with Other Benefits Primary Only Integration Monthly Benefit Provision Offsets General Freeze	Employee and dependent Social Security disability, retirement benefit, or Worker's Compensation payments are considered an offset. LTD benefits are directly reduced by other sources of income described in the insurance certificate. Automatic or other general cost-of-living increases in "Other Specified Income" will not cause a reduction in the LTD benefit.
Recurrent Disability	Any two periods of total disability from the same cause or causes will be combined as one benefit period if they are separated by a recovery period of less than 180 days.
Maternity Coverage	Covered the same as any sickness.
Mental, Emotional Disorders, Substance Abuse	Benefit payments shall be limited to a 24-month lifetime period unless claimant is hospital confined at the end of that period for same condition.
Conversion	Available if you have been insured under this policy for one year.
This Benefit Summary is only a general description of benefits; see insurance certificate for details. Actual benefits will be determined by the insurance company's claims office.	

Contact Information

If you have specific questions about a City of Bloomington benefit plan, please contact the administrator listed below, or the City's Human Resources Department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Medica	800.952.3455 or 952.945.8000	www.mymedica.com or visit medica.com/contactmedica
Dental	Delta Dental	800.488.3815 or 651.406.5916	www.deltadentalmn.org
Employee Assistance Program	Medica Optum EAP	800.626.7944	
Life/AD&D	Minnesota Life Insurance Company (contact Ochs, Inc.)	651.665.3789	www.minnesotalife.com
Long Term Disability	Madison National Life Insurance Co. Inc.	952.941.7372	Nowen@nisbenefits.com
Short Term Disability	Madison National Life Insurance Co. Inc.	952.941.7372	Nowen@nisbenefits.com
Flex Spending Accounts	Genesis Employee Benefits	952.653.4422	www.genesisbenefits.net
Health Reimbursement Account	Genesis Employee Benefits	952.653.4422	www.genesisbenefits.net
Health Savings Account	Genesis Employee Benefits	952.653.4422	www.genesisbenefits.net

HUMAN RESOURCES STAFF CONTACT INFORMATION			
Kris Wilson	Human Resources Director	952.563.4898	kwilson@BloomingtonMN.gov
Mary Heinz	Human Resources Representative	952.563.4899	mheinz@BloomingtonMN.gov
Molly Johnson	Human Resources Office Assistant	952.563.4859	mmjohnson@BloomingtonMN.gov
Katie Hutter	Human Resources Office Assistant	952.563.4903	khutter@BloomingtonMN.gov



NOTES:

