
Appendix B: Additional Information on Law Enforcement Health Insurance, 2019

This appendix provides information on 2019 health insurance provisions for state and local law enforcement officers. Chapter 2 of our report on law enforcement compensation provides summary-level information on the employee-only and family insurance rates for the plans with the highest premiums in each jurisdiction we examined. This appendix is intended to provide additional—but not comprehensive—information on health insurance costs.

For each jurisdiction we examined, this appendix largely provides excerpts from city or state documents we obtained. We observed that, in many cases, the negotiated contracts for law enforcement officers provided limited information on the details of health insurance coverage or costs. Thus, we asked human resources officials from cities and the State of Minnesota to provide us with their medical and dental insurance “rate sheets” for 2019—that is, summaries of health insurance premiums, employer contributions to those premiums, and costs borne by employees. These rate sheets were not prepared in a uniform way by city and state agencies, so there are differences in their content and formats. In addition, the rate sheets do not always come with explanations or definitions that would help a reader fully understand the insurance provisions. However, we provide this information—with limited editing—to give interested readers a more complete picture of law enforcement health insurance.

The appendix provides rates for the cities that were included in our analysis in alphabetical order; the rates for the Minnesota State Patrol are at the end of the appendix.

City of Apple Valley

2019 City Insurance Contribution

The City of Apple Valley makes monthly insurance contributions toward group benefits on your behalf. Each eligible employee must enroll in, at a minimum, employee-only health, dental, and basic life coverage. Waiver of these benefits is not permitted.

**Approved for non-bargained employees, AFSCME, and LELS Local No. 71. At the time of this printing, 2019 City Contribution is not determined for employees represented by LELS Local No. 243.

Maximum Monthly Insurance Contribution*

- » \$1,285 per month for employees enrolled in a deductible health plan
- » \$940 per month for employees enrolled in a copay health plan

City contribution includes health, dental, basic employee life, supplemental employee life, and standard contribution to employee's Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA), if applicable. The employee pays any cost above the City contribution through pre-tax payroll deduction.

Deductible Health Plan HRA or HSA Standard Contribution

For employees enrolled in a deductible health plan, a portion of the City's contribution is directed to fund the employee's HRA or HSA, as follows:

Single Deductible: \$104.17 per month (\$1,250 annually)

Family Deductible: \$208.34 per month (\$2,500 annually)

Deductible Health Plan Incentive

Employees enrolled in a deductible health plan in 2019 will receive an additional \$80 per month (\$960 per year) contribution to the employee's HRA or HSA. This incentive is above and in addition to the regular City contribution amount. The incentive contribution is not deducted from the maximum monthly insurance contribution shown above.

The HRA or HSA is funded twice per year. Contributions for January through June are funded on or about January 1 and contributions for July through December are funded on or about July 1.

Total Annual HRA or HSA Contribution with Incentive:

	Single Deductible	Family Deductible
Standard Contribution:	\$ 1,250.00	\$ 2,500.00
Incentive Contribution	\$ 960.00	\$ 960.00
Total Contribution:	\$ 2,210.00	\$ 3,460.00
1/2 Funded January 1:	\$ 1,105.00	\$ 1,730.00
1/2 Funded July 1:	\$ 1,105.00	\$ 1,730.00

Cash in Lieu of Benefits

If an employee has an unused balance of the City contribution, the employee may be reimbursed either \$30 or \$60 per month. Employees must have at least \$30 in the contribution balance to receive any reimbursement. If the balance is \$60 or higher, the maximum reimbursement will be \$60:

Unused Balance	Monthly Reimbursement
\$0 - \$29	\$0
\$30 - \$59	\$30
\$60 or higher	\$60

This reimbursement of unused City benefit contribution will be paid to employees once per month as taxable cash in lieu of benefits.

City of Apple Valley (continued)

Effective January 1, 2019

DEDUCTIBLE HEALTH PLANS – LEVEL 1 HSA-PARTNERED: DEDUCTIBLE \$2700 SINGLE / \$5400 FAMILY HRA-PARTNERED: DEDUCTIBLE \$2500 SINGLE / \$5000 FAMILY

HealthPartners Medical Plan:	DEDUCTIBLE \$2700 SINGLE/\$5400 FAMILY WITH <u>HSA</u>				DEDUCTIBLE \$2500 SINGLE/\$5000 FAMILY WITH <u>HRA</u>			
	OPEN ACCESS NETWORK		PERFORM NETWORK		OPEN ACCESS NETWORK		PERFORM NETWORK	
	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental
HealthPartners Dental Level								
Employee-Only Medical								
Dental	\$ 624.50	\$ 624.50	\$ 612.00	\$ 612.00	\$ 690.00	\$ 690.00	\$ 676.00	\$ 676.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 675.00	\$ 755.00	\$ 662.50	\$ 742.50	\$ 740.50	\$ 820.50	\$ 726.50	\$ 806.50
City Premium Contribution	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17
	\$ 675.00	\$ 755.00	\$ 662.50	\$ 742.50	\$ 740.50	\$ 820.50	\$ 726.50	\$ 806.50
Employee Pays	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Emp+Child(ren) Medical								
Dental	\$ 1,248.50	\$ 1,248.50	\$ 1,223.50	\$ 1,223.50	\$ 1,380.00	\$ 1,380.00	\$ 1,352.00	\$ 1,352.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,299.00	\$ 1,379.00	\$ 1,274.00	\$ 1,354.00	\$ 1,430.50	\$ 1,510.50	\$ 1,402.50	\$ 1,482.50
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66
Employee Pays	\$ 267.34	\$ 347.34	\$ 242.34	\$ 322.34	\$ 398.84	\$ 478.84	\$ 370.84	\$ 450.84
Emp+Spouse Medical								
Dental	\$ 1,311.00	\$ 1,311.00	\$ 1,285.00	\$ 1,285.00	\$ 1,449.00	\$ 1,449.00	\$ 1,420.00	\$ 1,420.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,361.50	\$ 1,441.50	\$ 1,335.50	\$ 1,415.50	\$ 1,499.50	\$ 1,579.50	\$ 1,470.50	\$ 1,550.50
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66
Employee Pays	\$ 329.84	\$ 409.84	\$ 303.84	\$ 383.84	\$ 467.84	\$ 547.84	\$ 438.84	\$ 518.84
Family Medical								
Dental	\$ 1,623.00	\$ 1,623.00	\$ 1,590.50	\$ 1,590.50	\$ 1,794.00	\$ 1,794.00	\$ 1,758.00	\$ 1,758.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,673.50	\$ 1,753.50	\$ 1,641.00	\$ 1,721.00	\$ 1,844.50	\$ 1,924.50	\$ 1,808.50	\$ 1,888.50
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66	\$ 1,031.66
Employee Pays	\$ 641.84	\$ 721.84	\$ 609.34	\$ 689.34	\$ 812.84	\$ 892.84	\$ 776.84	\$ 856.84

City Insurance Contribution for Employee Enrolled in Deductible Health Plan Maximum of \$1285 per month	Deductible Plan Incentive Contribution Additional \$80 per month contribution to HRA or HSA (not deducted from maximum City contribution)
Portion of City Contribution funds HRA or HSA (standard contribution) Single Deductible: \$104.17 per month Family Deductible: \$208.34 per month <i>Family Deductible Includes Employee+Child(ren), Employee+Spouse, & Family</i>	HRA/HSA Funded Twice Per Year Funding for January through June is made on or about January 1st Funding for July through December is made on or about July 1st Funding pro-rated for mid-year enrollments or changes
Total Annualized City HRA or HSA Contribution (Standard + Incentive) Single Deductible: \$ 2,210.00 Family Deductible: \$ 3,460.00	

Each eligible employee must enroll in, at a minimum, employee-only health, dental, and basic life coverage. Waiver of these benefits is not permitted.

NOTE: City contribution and calculations represent amount approved for non-bargained employees and LELS Local No. 71. At the time of this printing, 2019 City Contribution is not determined for employees represented by AFSCME or LELS Local No. 243.

City of Apple Valley (continued)

Effective January 1, 2019

DEDUCTIBLE HEALTH PLANS – LEVEL 1 HSA-PARTNERED: DEDUCTIBLE \$2700 SINGLE / \$5400 FAMILY HRA-PARTNERED: DEDUCTIBLE \$2500 SINGLE / \$5000 FAMILY

HealthPartners Medical Plan:	DEDUCTIBLE \$4000 SINGLE/\$8000 FAMILY WITH <u>HSA</u>				DEDUCTIBLE \$4000 SINGLE/\$8000 FAMILY WITH <u>HRA</u>			
	OPEN ACCESS NETWORK		PERFORM NETWORK		OPEN ACCESS NETWORK		PERFORM NETWORK	
	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental
HealthPartners Medical Network:								
HealthPartners Dental Level								
Employee-Only Medical								
Dental	\$ 576.00	\$ 576.00	\$ 564.50	\$ 564.50	\$ 680.00	\$ 608.00	\$ 596.00	\$ 596.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 626.50	\$ 706.50	\$ 615.00	\$ 695.00	\$ 658.50	\$ 738.50	\$ 646.50	\$ 726.50
City Premium Contribution	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17	\$ 104.17
	\$ 626.50	\$ 706.50	\$ 615.00	\$ 695.00	\$ 658.50	\$ 738.50	\$ 646.50	\$ 726.50
Employee Pays	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Emp+Child(ren) Medical								
Dental	\$ 1,152.00	\$ 1,152.00	\$ 1,129.00	\$ 1,129.00	\$ 1,216.50	\$ 1,216.50	\$ 1,192.00	\$ 1,192.00
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,202.50	\$ 1,282.50	\$ 1,179.50	\$ 1,259.50	\$ 1,267.00	\$ 1,347.00	\$ 1,242.50	\$ 1,322.50
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66
Employee Pays	\$ 125.84	\$ 205.84	\$ 102.84	\$ 182.84	\$ 190.34	\$ 270.34	\$ 165.84	\$ 245.84
Emp+Spouse Medical								
Dental	\$ 1,209.50	\$ 1,209.50	\$ 1,185.50	\$ 1,185.50	\$ 1,277.00	\$ 1,277.00	\$ 1,251.50	\$ 1,251.50
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,260.00	\$ 1,340.00	\$ 1,236.00	\$ 1,316.00	\$ 1,327.50	\$ 1,407.50	\$ 1,302.00	\$ 1,382.00
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66
Employee Pays	\$ 183.34	\$ 263.34	\$ 159.34	\$ 239.34	\$ 250.84	\$ 330.84	\$ 225.34	\$ 305.34
Family Medical								
Dental	\$ 1,497.50	\$ 1,497.50	\$ 1,467.50	\$ 1,467.50	\$ 1,581.00	\$ 1,581.00	\$ 1,549.50	\$ 1,549.50
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City HRA or HSA Standard Contribution	\$ 1,548.00	\$ 1,628.00	\$ 1,518.00	\$ 1,598.00	\$ 1,631.50	\$ 1,711.50	\$ 1,600.00	\$ 1,680.00
City Premium Contribution	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34	\$ 208.34
	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66	\$ 1,076.66
Employee Pays	\$ 471.34	\$ 551.34	\$ 441.34	\$ 521.34	\$ 554.84	\$ 634.84	\$ 523.34	\$ 631.34

City Insurance Contribution for Employee Enrolled in Deductible Health Plan Maximum of \$1285 per month	Deductible Plan Incentive Contribution Additional \$80 per month contribution to HRA or HSA (not deducted from maximum City contribution)
Portion of City Contribution funds HRA or HSA (standard contribution) Single Deductible: \$104.17 per month Family Deductible: \$208.34 per month <i>Family Deductible Includes Employee+Child(ren), Employee+Spouse, & Family</i>	HRA/HSA Funded Twice Per Year Funding for January through June is made on or about January 1st Funding for July through December is made on or about July 1st Funding pro-rated for mid-year enrollments or changes
Total Annualized City HRA or HSA Contribution (Standard + Incentive)	
Single Deductible:	\$ 2,210.00
Family Deductible:	\$ 3,460.00

Each eligible employee must enroll in, at a minimum, employee-only health, dental, and basic life coverage. Waiver of these benefits is not permitted.

NOTE: City contribution and calculations represent amount approved for non-bargained employees and LELS Local No. 71. At the time of this printing, 2019 City Contribution is not determined for employees represented by AFSCME or LELS Local No. 243.

City of Apple Valley (continued)

Effective January 1, 2019

DEDUCTIBLE HEALTH PLANS – LEVEL 1
HSA-PARTNERED: DEDUCTIBLE \$2700 SINGLE / \$5400 FAMILY
HRA-PARTNERED: DEDUCTIBLE \$2500 SINGLE / \$5000 FAMILY

HealthPartners Medical Plan:	\$30 COPAY "HIGH OPTION"			
	OPEN ACCESS NETWORK		PERFORM NETWORK	
	Employee-Only Dental	Family Dental	Employee-Only Dental	Family Dental
HealthPartners Medical Network:				
HealthPartners Dental Level				
Employee-Only Medical				
Dental	\$ 889.50	\$ 889.50	\$ 871.50	\$ 871.50
Basic Life	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
Total Premium	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
City Contribution	\$ 940.00	\$ 1,020.00	\$ 922.00	\$ 1,002.00
Employee Pays	\$ 940.00	\$ 940.00	\$ 922.00	\$ 940.00
Emp+Child(ren) Medical				
Dental	\$ -	\$ 80.00	\$ -	\$ 62.00
Basic Life	\$ 1,779.00	\$ 1,779.00	\$ 1,743.50	\$ 1,743.50
Total Premium	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
City Contribution	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
Employee Pays	\$ 1,829.50	\$ 1,909.50	\$ 1,794.00	\$ 1,874.00
Emp+Spouse Medical				
Dental	\$ 889.50	\$ 969.50	\$ 854.00	\$ 934.00
Basic Life	\$ 1,868.00	\$ 1,868.00	\$ 1,830.50	\$ 1,830.50
Total Premium	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
City Contribution	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
Employee Pays	\$ 1,918.50	\$ 1,998.50	\$ 1,881.00	\$ 1,961.00
Family Medical				
Dental	\$ 978.50	\$ 1,058.50	\$ 941.00	\$ 1,021.00
Basic Life	\$ 2,312.50	\$ 2,312.50	\$ 2,266.50	\$ 2,266.50
Total Premium	\$ 50.00	\$ 130.00	\$ 50.00	\$ 130.00
City Premium Contribution	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
Employee Pays	\$ 2,363.00	\$ 2,443.00	\$ 2,317.00	\$ 2,397.00
	\$ 940.00	\$ 940.00	\$ 940.00	\$ 940.66
	\$ 1,423.00	\$ 1,503.00	\$ 1,377.00	\$ 1,457.00

City Insurance Contribution for Employee Enrolled in Copay Health Plan:

Maximum of \$940 per month

Each eligible employee must enroll in, at a minimum, employee-only health, dental, and basic life coverage. Waiver of these benefits is not permitted.

NOTE: City contribution and calculations represent amount approved for non-bargained employees and LELS Local No. 71. At the time of this printing, 2019 City Contribution is not determined for employees represented by AFSCME or LELS Local No. 243.

City of Blaine

City of Blaine Medical Plan Options & Rates				
Medical Renewal for January 1, 2019				
BAND D				
The information contained herein subject to the disclosures and disclaimers on the final page of this illustration				
Carrier:	HealthPartners	HealthPartners	HealthPartners	HealthPartners
Plan:	\$30 Copay - 100%	\$2700 HDHP.HSA	\$2700 HDHP.HSA RX PLUS	\$4000 HDHP.HSA RX PLUS
In-Network Plan Design Features				
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Maximum	N/A	N/A	N/A	N/A
Deductible CY	None	\$2,700/person \$5,400/family	\$2,700/person \$5,400/family	\$4,000/person \$8,000/family
Coinsurance	100%	100/0%	100/0%	100/0%
Medical Out-of-Pocket Max (includes Medical & Rx)	\$1,200/person \$5,000/family	\$2,700/person \$5,400/family	\$2,700/person \$5,400/family	\$4,000/person \$8,000/family
Preventive Care	100% coverage	100% coverage	100% coverage	100% coverage
Office Visit/Urgent Care	\$30 copay	100% after deductible	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% (copay waived)	100% after deductible	100% after deductible	100% after deductible
Lab & Pathology	100/0%	100% after deductible	100% after deductible	100% after deductible
X-ray & Other Imaging	100/0%	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospitalization	100/0%	100% after deductible	100% after deductible	100% after deductible
Outpatient Hospitalization	100/0%	100% after deductible	100% after deductible	100% after deductible
Emergency Room Facility	\$75 copay	100% after deductible	100% after deductible	100% after deductible
Prescription Drugs (Rx)	Preferred Rx formulary			
Retail - 1 month supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$10 and max \$25 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 100% after deductible	Copayment for 1-month supply of Select Preventive Medications Generic: \$12.00 Brand: \$45.00 otherwise: 100% after deductible	Copayment for 1-month supply of Select Preventive Medications Generic: \$12.00 Brand: \$45.00 otherwise: 100% after deductible
Mail Order - 3 month supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$20 and max \$50 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 100% after deductible	Copayment for 3-month supply of Select Preventive Medications Generic: \$24.00 Brand: \$90.00 otherwise: 100% after deductible	Copayment for 3-month supply of Select Preventive Medications Generic: \$24.00 Brand: \$90.00 otherwise: 100% after deductible
Specialty - Retail	80/20% capped at \$200/script/month	100% after deductible	100% after deductible	100% after deductible
Open Access				
Employee	\$955.00	\$624.50	\$637.00	\$591.50
Employee + Child(ren)	\$1,910.00	\$1,248.50	\$1,274.50	\$1,183.00
Employee + Spouse	\$2,005.50	\$1,311.00	\$1,338.00	\$1,242.50
Family	\$2,482.50	\$1,623.00	\$1,656.50	\$1,538.00

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

* Rates above do not include HealthPartners EAP = \$1.00/pmpm

NETWORK DEFINITIONS:

Open Access: Open Access



AUTHOR'S NOTE: In subsequent correspondence with our office, the City of Blaine said that its 2019 dental premium was \$114 per month, regardless of whether the employee enrolled in individual or family coverage.

City of Bloomington

2019 Health Insurance Premiums (for full-time employees)

Medica High Deductible Plan with HSA				
		Monthly Premium	City Contribution	Employee Cost
Plan 1				
Choice Passport Network	Employee-Only	\$625.98	\$625.98	\$0.00
	Two-Party	\$1,251.97	\$1,251.97	\$0.00
	Family	\$1,877.94	\$1,505.00	\$372.94
Plan 2				
Elect or Essential Network	Employee-Only	\$582.16	\$582.16	\$0.00
	Two-Party	\$1,164.33	\$1,164.33	\$0.00
	Family	\$1,746.49	\$1,505.00	\$241.49

The City will also make an annual HSA contribution of \$1,800 (\$900 for those enrolled on or after July 1) for Employee-Only, Two-Party or Family Coverage.

Medica High Deductible Plan with HRA				
		Monthly Premium	City Contribution	Employee Cost
Plan 3				
Choice Passport Network	Employee-Only	\$643.98	\$643.98	\$0.00
	Two-Party	\$1,287.96	\$1,287.96	\$0.00
	Family	\$1,931.94	\$1,505.00	\$426.94
Plan 4				
Elect or Essential Network	Employee-Only	\$598.90	\$598.90	\$0.00
	Two-Party	\$1,197.79	\$1,197.79	\$0.00
	Family	\$1,796.69	\$1,505.00	\$291.69

The City will also make an annual HRA contribution of \$1,800 (\$900 for those enrolled on or after July 1) for Employee-Only, Two-Party or Family Coverage.

Medica \$30 Co-Pay Plan				
		Monthly Premium	City Contribution	Employee Cost
Plan 5				
Choice Passport Network	Employee-Only	\$757.14	\$757.14	\$0.00
	Two-Party	\$1,514.28	\$1,505.00	\$9.28
	Family	\$2,271.42	\$1,505.00	\$766.42
Plan 6				
Elect or Essential Network	Employee-Only	\$704.15	\$704.15	\$0.00
	Two-Party	\$1,408.30	\$1,408.30	\$0.00
	Family	\$2,112.45	\$1,505.00	\$607.45

2019 Dental Insurance Premiums (for full-time employees)

Delta Dental Of Minnesota (www.deltadentalmn.com)			
	Monthly Premium	City Contribution	Employee Cost
Single	\$39.62	\$39.62	\$0.00
Two-Party	\$79.24	\$59.44	\$19.80
Family	\$117.82	\$78.72	\$39.10

City of Brooklyn Center

City of Brooklyn Center Medical Plan Options & Rates				
Medical Renewal for January 1, 2019				
BAND C				
The information contained herein subject to the disclosures and disclaimers on the final page of this illustration				
Carrier: Plan	HealthPartners \$2500 HDHP.HRA	HealthPartners \$4000 HDHP.HRA	HealthPartners \$2700 HDHP.HSA RX PLUS	HealthPartners \$4000 HDHP.HSA RX PLUS
In-Network Plan Design Features				
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Maximum	N/A	N/A	N/A	N/A
Deductible CY	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family	\$2,700/person \$5,400/family	\$4,000/person \$8,000/family
Coinsurance	100/0%	100/0%	100/0%	100/0%
Medical Out-of-Pocket Max (includes Medical & Rx)	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family	\$2,700/person \$5,400/family	\$4,000/person \$8,000/family
Preventive Care	100% coverage	100% coverage	100% coverage	100% coverage
Office Visit/Urgent Care	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% coverage	100% coverage	100% after deductible	100% after deductible
Lab & Pathology	100% after deductible	100% after deductible	100% after deductible	100% after deductible
X-ray & Other Imaging	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospitalization	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Hospitalization	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Prescription Drugs (Rx)	Preferred Rx formulary			
Retail - 1 month supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$10 and max \$25 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$10 and max \$25 copay/script	Copayment for 1-month supply of Select Preventive Medications Generic: \$12.00 Brand: \$45.00 otherwise: 100% after deductible	Copayment for 1-month supply of Select Preventive Medications Generic: \$12.00 Brand: \$45.00 otherwise: 100% after deductible
Mail Order - 3 Month supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$20 and max \$50 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$20 and max \$50 copay/script	Copayment for 3-month supply of Select Preventive Medications Generic: \$24.00 Brand: \$90.00 otherwise: 100% after deductible	Copayment for 3-month supply of Select Preventive Medications Generic: \$24.00 sBrand: \$90.00 otherwise: 100% after deductible
Specialty - Retail	80/20% capped at \$200/script/month	80/20% capped at \$200/script/month	100% after deductible	100% after deductible
Open Access				
Employee	\$708.50	\$625.00	\$654.50	\$607.50
Employee + Child(ren)	\$1,416.00	\$1,248.50	\$1,308.00	\$1,214.50
Employee + Spouse	\$1,487.00	\$1,311.00	\$1,373.50	\$1,275.00
Family	\$1,841.00	\$1,623.00	\$1,700.00	\$1,578.50
Perform				
Employee	\$694.50	\$612.50	\$641.50	\$595.50
Employee + Child(ren)	\$1,388.00	\$1,223.50	\$1,282.00	\$1,190.00
Employee + Spouse	\$1,457.00	\$1,284.50	\$1,346.00	\$1,249.50
Family	\$1,804.00	\$1,590.50	\$1,666.00	\$1,547.00

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

* Rates above do include HealthPartners EAP = \$1.00/pmpm

NETWORK DEFINITIONS:

Open Access: Open Access

Perform: Open Access network - without Mayo

2019 City Contribution

LELS 86 employees

Opt Out = \$898 per month

High Deductible health plans = \$1,198 per month

LELS 82 employees

Opt Out = \$898 per month

High Deductible health plans = \$1,198 per month

City of Brooklyn Center (continued)

Delta Dental Millennium Choice 2019

	DeltaPreferred Option		DeltaPremier
	In-network \$2000	Out-of-network \$2000	
Annual Maximums			\$1000
<ul style="list-style-type: none"> Deductible, no deductible for diagnostic and preventive services 	None	\$25/\$75 Deductible does not apply to Preventive and Diagnostic care	\$25/\$75 Deductible does not apply to Preventive and Diagnostic care
Preventive/Diagnostic Care			
<ul style="list-style-type: none"> Teeth Cleaning Examinations Dental X-rays Fluoride Treatments 	100% 100% 100% 100%	80% 80% 80% 80%	100% 100% 100% 100%
Basic Services			
<ul style="list-style-type: none"> Fillings Sealants Oral Surgery Simple Oral Surgery – Surgical Extractions Periodontics, gum treatment Endodontics, root canal therapy 	90% 90% 100% 80% 80% 80%	50% 50% 50% 80% 50% 50%	80% 80% 80% 80% 50% 50%
Major Restorative Care			
<ul style="list-style-type: none"> Crowns and Crown Repairs Bridges & Dentures Bridges & Dentures Repairs Implants Orthodontics 	50% 50% 50% 50% 50%	50% 50% 50% 50% 50%	50% 50% 50% 50% 50%
Orthodontia			
<ul style="list-style-type: none"> Lifetime Maximum 	\$1000	\$1000	\$1000
Monthly Rates For either network			
<div> Emp. - \$44.10 Emp.+ one - \$93.40 Family - \$132.60 </div>			

- Employees must pre-select either DeltaPreferred Option or DeltaPremier at open enrollment.
- Annual Open enrollment. Employees may change their chosen program and network only at time of renewal.
- After election is made, members may receive services from any provider within their chosen program and network.
- The shaded area represents the benefits an individual would receive if they selected the Preferred Network and then accessed a dentist outside of the Preferred network.

City of Brooklyn Park

2019 Employee Per Paycheck Expenses

SINGLE COVERAGE											
A	B	C	D	E	F	G	H	I	J	K	L
Health Plan Single Deductible/ Family Deductible	Monthly <i>Medical</i> Premium	City Total Monthly Contribution	City Allocation for HRA/HSA	City Allocation for <i>Medical</i> Premium (C - D)	Employee Monthly <i>Medical</i> Premium Expense (B - E)	Employee PER PAYCHECK <i>Medical</i> Premium Expense (F x 12 /24 Paychecks)	Dental Plan	Monthly <i>Dental</i> Premium	Employee PER PAYCHECK <i>Dental</i> Premium Expense (J x 12 /24 Paychecks)	Employee PER PAYCHECK Total <i>Medical & Dental</i> Premium Expense (G + J)	Employee Monthly Voluntary Life & STD Insurance Premiums
HRA \$2000/\$4000	858.43	782.08	125.00	657.08	201.35	100.68	Buy-Up	43.00	21.50	122.18	You Pay All Costs
HRA \$2000/\$4000	858.43	782.08	125.00	657.08	201.35	100.68	Base	28.00	14.00	114.68	You Pay All Costs
HRA \$2000/\$4000	858.43	782.08	125.00	657.08	201.35	100.68	Waive	0.00	0.00	100.68	You Pay All Costs
HRA BluePrint \$2000/\$4000	793.60	782.08	125.00	657.08	136.52	68.26	Buy-Up	43.00	21.50	89.76	You Pay All Costs
HRA BluePrint \$2000/\$4000	793.60	782.08	125.00	657.08	136.52	68.26	Base	28.00	14.00	82.26	You Pay All Costs
HRA BluePrint \$2000/\$4000	793.60	782.08	125.00	657.08	136.52	68.26	Waive	0.00	0.00	68.26	You Pay All Costs
HSA \$2700/\$5400	761.25	782.08	125.00	657.08	104.17	52.09	Buy-Up	43.00	21.50	73.59	You Pay All Costs
HSA \$2700/\$5400	761.25	782.08	125.00	657.08	104.17	52.09	Base	28.00	14.00	66.09	You Pay All Costs
HSA \$2700/\$5400	761.25	782.08	125.00	657.08	104.17	52.09	Waive	0.00	0.00	52.09	You Pay All Costs
HSA BluePrint \$2700/\$5400	702.94	782.08	125.00	657.08	45.86	22.93	Buy-Up	43.00	21.50	44.43	You Pay All Costs
HSA BluePrint \$2700/\$5400	702.94	782.08	125.00	657.08	45.86	22.93	Base	28.00	14.00	36.93	You Pay All Costs
HSA BluePrint \$2700/\$5400	702.94	782.08	125.00	657.08	45.86	22.93	Waive	0.00	0.00	22.93	You Pay All Costs

Health Plans:

- **Health Reimbursement Account (HRA)** - A financial account, for you and your dependents, where you submit a Claim Reimbursement Form with an Explanation of Benefits (E.O.B.) or receipt and receive a reimbursement for qualifying expenses per IRS Publication 502.
- **Health Savings Account (HSA)** - A financial account, for you and your dependents, where you use a debit card to pay for qualifying expenses per IRS Publication 502. Save all itemized receipts and Explanation of Benefits (E.O.B.'s) for any account withdrawal.

Please Note:

- The \$125 monthly HRA/HSA allocated contribution to your individual account is a deduction from the total monthly City contribution. The remaining balance is applied to the monthly *medical* insurance premium.
- All insurance premiums are deducted from the first two paychecks of each calendar month.

City of Brooklyn Park (continued)

2019 Employee Per Paycheck Expenses

FAMILY COVERAGE											
A	B	C	D	E	F	G	H	I	J	K	L
Health Plan Single Deductible/ Family Deductible	Monthly <i>Medical</i> Premium	City Total Monthly Contribution	City Allocation for HRA/HSA	City Allocation for <i>Medical</i> Premium (C - D)	Employee Monthly <i>Medical</i> Premium Expense (B - E)	Employee PER PAYCHECK <i>Medical</i> Premium Expense (F x 12 /24 Paychecks)	Dental Plan	Monthly <i>Dental</i> Premium	Employee PER PAYCHECK <i>Dental</i> Premium Expense (J x 12 /24 Paychecks)	Employee PER PAYCHECK <i>Total Medical & Dental Premium Expense</i> (G + J)	Employee Monthly Voluntary Life & STD Insurance Premiums
HRA \$2000/\$4000	2394.43	1660.08	125.00	1535.08	859.35	429.68	Buy-Up	135.00	67.50	497.18	You Pay All Costs
HRA \$2000/\$4000	2394.43	1660.08	125.00	1535.08	859.35	429.68	Base	85.00	42.50	472.18	You Pay All Costs
HRA \$2000/\$4000	2394.43	1660.08	125.00	1535.08	859.35	429.68	Waive	0.00	0.00	429.68	You Pay All Costs
HRA BluePrint \$2000/\$4000	2214.08	1660.08	125.00	1535.08	679.00	339.50	Buy-Up	135.00	67.50	407.00	You Pay All Costs
HRA BluePrint \$2000/\$4000	2214.08	1660.08	125.00	1535.08	679.00	339.50	Base	85.00	42.50	382.00	You Pay All Costs
HRA BluePrint \$2000/\$4000	2214.08	1660.08	125.00	1535.08	679.00	339.50	Waive	0.00	0.00	339.50	You Pay All Costs
HSA \$2700/\$5400	2123.81	1660.08	125.00	1535.08	588.73	294.37	Buy-Up	135.00	67.50	361.87	You Pay All Costs
HSA \$2700/\$5400	2123.81	1660.08	125.00	1535.08	588.73	294.37	Base	85.00	42.50	336.87	You Pay All Costs
HSA \$2700/\$5400	2123.81	1660.08	125.00	1535.08	588.73	294.37	Waive	0.00	0.00	294.37	You Pay All Costs
HSA BluePrint \$2700/\$5400	1961.21	1660.08	125.00	1535.08	426.13	213.07	Buy-Up	135.00	67.50	280.57	You Pay All Costs
HSA BluePrint \$2700/\$5400	1961.21	1660.08	125.00	1535.08	426.13	213.07	Base	85.00	42.50	255.57	You Pay All Costs
HSA BluePrint \$2700/\$5400	1961.21	1660.08	125.00	1535.08	426.13	213.07	Waive	0.00	0.00	213.07	You Pay All Costs

Health Plans:

- **Health Reimbursement Account (HRA)** - A financial account, for you and your dependents, where you submit a Claim Reimbursement Form with an Explanation of Benefits (E.O.B.) or receipt and receive a reimbursement for qualifying expenses per IRS Publication 502.
- **Health Savings Account (HSA)** - A financial account, for you and your dependents, where you use a debit card to pay for qualifying expenses per IRS Publication 502. Save all itemized receipts and Explanation of Benefits (E.O.B.'s) for any account withdrawal.

Please Note:

- The \$125 monthly HRA/HSA allocated contribution to your individual account is a deduction from the total monthly City contribution. The remaining balance is applied to the monthly *medical* insurance premium.
- All insurance premiums are deducted from the first two paychecks of each calendar month.

City of Burnsville

MONTHLY RATES EFFECTIVE **JANUARY 1, 2019**

HEALTH PARTNERS HEALTH INSURANCE		
HEALTH PARTNERS - \$30 CO PAY		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$914.23	\$833.60
Single + One	\$1,470.99	\$1,341.26
Family	\$1,929.91	\$1,759.71
HEALTH PARTNERS - \$1,250 DEDUCTIBLE		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$766.62	\$699.07
Single + One	\$1,233.49	\$1,124.81
Family	\$1,618.31	\$1,475.70
HEALTH PARTNERS - \$1,750 DEDUCTIBLE		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$651.17	\$585.94
Single + One	\$1,047.72	\$942.95
Family	\$1,374.58	\$1,237.12

DELTA DENTAL - DENTAL INSURANCE	
Single	\$46.55
Single + One	\$90.10
Family	\$128.70

EyeMED - VISION INSURANCE	
Single	\$5.46
Single + Spouse	\$10.38
Single + Children	\$10.92
Family	\$16.06

City Contribution

\$920 per month* - All regular full-time employees

Pro-rated amount - All regular part-time employees

*Proposed

VEBA/HRA Contribution for 2019

\$145 per month - Single

\$170 per month - Single + One & Family

Pro-rated amount - Regular part-time employees

Only available to those taking the deductible plan

City of Burnsville (continued)

PER PAYCHECK RATES EFFECTIVE JANUARY 1, 2019

HEALTH PARTNERS HEALTH INSURANCE		
HEALTH PARTNERS - \$30 CO PAY		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$457.12	\$416.80
Single + One	\$735.50	\$670.63
Family	\$964.96	\$879.86
HEALTH PARTNERS - \$1,250 DEDUCTIBLE		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$383.31	\$349.54
Single + One	\$616.75	\$562.41
Family	\$809.16	\$737.85
HEALTH PARTNERS - \$1,750 DEDUCTIBLE		
	Open Access	Select Choice (Prim. Care Clinic)
Single	\$325.59	\$292.97
Single + One	\$523.86	\$471.48
Family	\$687.29	\$618.56

DELTA DENTAL - DENTAL INSURANCE	
Single	\$23.28
Single + One	\$45.05
Family	\$64.35

EyeMED - VISION INSURANCE	
Single	\$2.73
Single + Spouse	\$5.19
Single + Children	\$5.46
Family	\$8.03

City Contribution

\$460 per paycheck* - All regular full-time employees

Pro-rated amount - All regular part-time employees

*Proposed

VEBA/HRA Contribution for 2019

\$145 per month - Single

\$170 per month - Single + One & Family

Pro-rated amount - Regular part-time employees

Only available to those taking the deductible plan

City of Chaska

City of Chaska - 2019 Plan Options 2019 Employer Contributions

Plans	2019 Monthly Premium	2019 Employer Monthly Contribution-Rounded	Monthly Employee Premium Savings/Cost	Annual Employee Savings/Cost	Annual Employer Contribution to VEBA	In-Network Out of Pocket Maximum	Annual Employee Potential Risk/ Cost*
\$2500/\$5000 HDHP VEBA Plan Aware Network							
Employee	\$776.04	\$873.00	\$96.96	\$1,163.52	\$1,248.00	\$2,500.00	\$1,336.48
Employee + Spouse	\$1,627.77	\$1,220.00	\$407.77	\$4,893.24	\$2,496.00	\$5,000.00	\$9,893.24
Employee + Child(ren)	\$1,550.47	\$1,220.00	\$330.47	\$3,965.64	\$2,496.00	\$5,000.00	\$8,965.64
Family	\$2,014.99	\$1,220.00	\$794.99	\$9,539.88	\$2,496.00	\$5,000.00	\$14,539.88
\$2500/\$5000 HDHP VEBA Plan Metro MN Health Plan Network							
Employee	\$699.03	\$873.00	\$173.97	\$2,087.64	\$1,248.00	\$2,500.00	\$412.36
Employee + Spouse	\$1,466.24	\$1,220.00	\$246.24	\$2,954.88	\$2,496.00	\$5,000.00	\$7,954.88
Employee + Child(ren)	\$1,396.61	\$1,220.00	\$176.61	\$2,119.32	\$2,496.00	\$5,000.00	\$7,119.32
Family	\$1,815.03	\$1,220.00	\$595.03	\$7,140.36	\$2,496.00	\$5,000.00	\$12,140.36
\$2700/\$5400 HDHP HSA Aware Network							
Employee	\$702.10	\$977.00	\$274.90	\$3,298.80		\$2,700.00	-\$598.80
Employee + Spouse	\$1,472.68	\$1,428.00	\$44.68	\$536.16		\$5,400.00	\$5,936.16
Employee + Child(ren)	\$1,402.75	\$1,428.00	\$25.25	\$303.00		\$5,400.00	\$5,097.00
Family	\$1,823.01	\$1,428.00	\$395.01	\$4,740.12		\$5,400.00	\$10,140.12
\$2700/\$5400 HDHP HSA Metro MN Health Plan Network							
Employee	\$645.01	\$977.00	\$331.99	\$3,983.88		\$2,700.00	-\$1,283.88
Employee + Spouse	\$1,352.92	\$1,428.00	\$75.08	\$900.96		\$5,400.00	\$4,499.04
Employee + Child(ren)	\$1,288.67	\$1,428.00	\$139.33	\$1,671.96		\$5,400.00	\$3,728.04
Family	\$1,674.76	\$1,428.00	\$246.76	\$2,961.12		\$5,400.00	\$8,361.12
\$1500/\$3000 HDHP HSA Aware Network							
Employee	\$859.09	\$977.00	\$117.91	\$1,414.92		\$1,500.00	\$85.08
Employee + Spouse	\$1,801.97	\$1,428.00	\$373.97	\$4,487.64		\$3,000.00	\$7,487.64
Employee + Child(ren)	\$1,716.39	\$1,428.00	\$288.39	\$3,460.68		\$3,000.00	\$6,460.68
Family	\$2,230.63	\$1,428.00	\$802.63	\$9,631.56		\$3,000.00	\$12,631.56

Notes:

*Risk/Cost equals the out of pocket maximum plus or minus premium costs or savings.

Maximum Health Savings Account contribution for 2019 is \$3500/single, \$7000/family.

Persons over age 55 are entitled to an additional annual catch-up contribution of \$1,000 in 2019.

The City will contribute approximately 50% of the single and family deductibles towards the VEBA account for each active employee. This will be made in 3 equal installments of \$416/single and \$832/family on January, May and September.

VOLUNTARY DENTAL PLAN RATES

Full-time employees (30 hours) — Monthly Rates

Coverage level	Total Monthly Premium
Employee	\$53.97
Family	\$134.80



AUTHOR'S NOTE: The Voluntary Dental Plan was 100 percent employee-paid.

City of Coon Rapids

2019 Health Insurance Premiums, Employer Contributions* and Cost Comparisons HDHP/HRA

*Does not include Healthy Rewards incentive

HRA - Single	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost	HRA Contribution Per Pay Period
Open Access	\$ 707.50	\$ 698.33	\$ 9.17	\$ 4.58	\$ 52.09
Perform	\$ 693.50	\$ 698.33	-\$4.83	-\$2.42	\$ 52.09
Achieve	\$ 679.50	\$ 698.33	-\$18.83	-\$9.42	\$ 52.09
HRA - EE+Spouse	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost	HRA Contribution Per Pay Period
Open Access	\$ 1,486.00	\$ 816.67	\$ 669.33	\$ 334.67	\$ 104.17
Perform	\$ 1,456.00	\$ 816.67	\$ 639.33	\$ 319.67	\$ 104.17
Achieve	\$ 1,426.50	\$ 816.67	\$ 609.83	\$ 304.92	\$ 104.17
HRA - EE+Children	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost	HRA Contribution Per Pay Period
Open Access	\$ 1,415.00	\$ 941.67	\$ 473.33	\$ 236.67	\$ 104.17
Perform	\$ 1,387.00	\$ 941.67	\$ 445.33	\$ 222.67	\$ 104.17
Achieve	\$ 1,358.50	\$ 941.67	\$ 416.83	\$ 208.42	\$ 104.17
HRA - Family	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost	HRA Contribution Per Pay Period
Open Access	\$ 1,840.00	\$ 1,066.67	\$ 773.33	\$ 386.67	\$ 104.17
Perform	\$ 1,803.00	\$ 1,066.67	\$ 736.33	\$ 368.17	\$ 104.17
Achieve	\$ 1,766.00	\$ 1,066.67	\$ 699.33	\$ 349.67	\$ 104.17

HSA - Single	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost
Open Access	\$ 640.50	\$ 802.50	-\$162.00	-\$81.00
Perform	\$ 627.50	\$ 802.50	-\$175.00	-\$87.50
Achieve	\$ 614.50	\$ 802.50	-\$188.00	-\$94.00
HSA - EE+Spouse	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost
Open Access	\$ 1,344.50	\$ 1,025.00	\$ 319.50	\$ 159.75
Perform	\$ 1,317.50	\$ 1,025.00	\$ 292.50	\$ 146.25
Achieve	\$ 1,291.00	\$ 1,025.00	\$ 266.00	\$ 133.00
HSA - EE+Children	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost
Open Access	\$ 1,280.50	\$ 1,150.00	\$ 130.50	\$ 65.25
Perform	\$ 1,255.00	\$ 1,150.00	\$ 105.00	\$ 52.50
Achieve	\$ 1,229.50	\$ 1,150.00	\$ 79.50	\$ 39.75
HSA - Family	Monthly Premium	Monthly Employer Contribution	Monthly Employee Cost	Employee Per Pay Period Cost
Open Access	\$ 1,664.50	\$ 1,275.00	\$ 389.50	\$ 194.75
Perform	\$ 1,631.50	\$ 1,275.00	\$ 356.50	\$ 178.25
Achieve	\$ 1,598.00	\$ 1,275.00	\$ 323.00	\$ 161.50

City of Cottage Grove

Health Insurance

All new full-time employees must take at least single medical coverage.

The EMPLOYER contribution for 2019 will be as follows:

2019	Monthly		Per Month	Per Pay Period
<u>Passport</u>	Premium	Employer	Employee	Employee
Single	\$505.67	\$505.67	\$0.00	\$0.00
Single + 1	\$1,061.91	\$743.34	\$318.57	\$159.29
Single + Children	\$960.75	\$672.53	\$288.22	\$144.11
Family	\$1,415.86	\$991.10	\$424.76	\$212.38
	Monthly			
<u>Elect</u>	Premium	Employer	Employee	
Single	\$470.27	\$470.27	\$0.00	\$0.00
Single + 1	\$987.57	\$691.30	\$296.27	\$148.14
Single + Children	\$893.50	\$625.45	\$268.05	\$134.03
Family	\$1,316.75	\$921.73	\$395.02	\$197.51

HSA Passport Plan

Employee- 100% of premium
 Employee + One- 70% of premium
 Employee + Children- 70% of premium
 Family- 70% of premium

HSA Elect Plan

Employee- 100% of premium
 Employee + One- 70% of premium
 Employee + Children- 70% of premium
 Family- 70% of premium

Both the Passport and Elect plans have a, \$4,500- employee and \$9,000- all others, deductible. However, the employee will be responsible for, \$2,500- employee and \$5,000- all others, of the deductible amount. The remainder will be covered by the employer through a HRA. Of the \$2,500/\$5,000 amount the employer will contribute \$1,250/\$2,500 in to the employee's HSA, on a matching basis. The employer contribution amount is provided on a matching basis of 2 (two) employer dollars for every 1 (one) dollar contributed by the employee, up to the annual employer maximum. The employer HSA contributions will be made in two equal payments, the first pay dates in January and July. Both plans will have an imbedded deductible. There is an 80/20 payment arrangement once the deductible is met, whereby the insurance company pays 80 percent and the employee/employer pay the other 20 percent, up to an out of pocket maximum. The out of pocket maximums are, \$5,800- employee and \$11,600- all others. If the employee/employer experience out of pocket costs, the employer will cover up to the \$1,300- employee and up to the \$2,600- all others.

Dental Insurance

The City offers dental insurance at no cost to the employee as long as they are on the City's health insurance. For single plus one the premium is \$49.30 per month. For family coverage the premium is \$88.50 per month.

City of Duluth

2019 Premiums – Active Employees Medical Plan Costs

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$891.00	\$445.50
City Contribution – 90% of Single premium		(\$801.10)	(\$400.95)
Employee Contribution – 10% of Single premium		\$89.10	\$44.55
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$89.10)	(\$44.55)
	Remaining Cafeteria Plan Contribution	\$214.90	\$107.45
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$89.10)	(\$44.55)
	Remaining Cafeteria Plan Contribution	\$230.90	\$115.45

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$2,191.00	\$1,095.50
City Contribution – 80% of Family premium		(\$1,752.80)	(\$876.40)
Employee Contribution – 20% of Family premium		\$438.20	\$219.10
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$438.20	\$219.10
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	Remaining Employee Responsibility	\$209.20	\$104.60
Confidential Employees	Employee Responsibility	\$438.20	\$219.10
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	Remaining Employee Responsibility	\$193.20	\$96.60

Waiver of Health Insurance Coverage**		Monthly	Per Paycheck*
Basic, Fire, Police, LELS & Supervisory Employees	Cafeteria Plan Contribution	\$304.00	\$152.00
Confidential Employees	Cafeteria Plan Contribution	\$320.00	\$160.00

*Per-Paycheck amounts for health premiums and cafeteria plan contributions are calculated using 24 pay periods; in months that contain a third paycheck, no premium deductions will be held from the third employee paycheck.

**Employees waiving coverage must make that election annually and provide proof of other creditable coverage.

City of Duluth (continued)

DENTAL

The City of Duluth offers two dental plans through Delta Dental to provide you and your family the coverage you need.

The **Low Option** plan provides 100% Preventive and Diagnostic Care, with an annual maximum of \$1,000 for low utilizers of dental services.

The **High Option** plan provides 100% Preventive and Diagnostic Care, with an annual maximum of \$2,000 for those needing a higher level of coverage.

Delta Dental also offers coverage through two Networks.

The PPO Network, while smaller, provides the highest level of discounts from the providers, saving you more money. The Premier Network is a larger network, but less discounting. You can also see a dentist outside of the Delta network; Delta will pay to their maximum allowable amount, and you will be responsible for any remaining balance, and for submitting your own claims.



To find a participating dentist, visit www.deltadentalmn.org or call Customer Service at (800) 553-9536.

Summary of Benefits		
Covered Services	Low Option	High Option
Annual Deductible	None	None
Annual Plan Maximum	\$1,000	\$2,000
Diagnostic / Preventive Care	100%, no charge	100%, no charge
Fillings	You pay 20%	You pay 20%
Restorations	You pay 20%	You pay 20%
Endodontic Therapy	You pay 20%	You pay 20%
Periodontics	You pay 20%	You pay 20%
Oral Surgery	You pay 20%	You pay 20%
Major Restorative Care	You pay 20%	You pay 20%
Prosthetic Repair/Adjustment	You pay 50%	You pay 50%
Prosthetics/ Implants	You pay 50%	You pay 50%

	Low Option (\$1,000 Annual Benefit)			High Option (\$2,000 Annual Benefit)		
	Monthly Premium	City Contribution	Employee Contribution	Monthly Premium	City Contribution	Employee Contribution
Single	\$31.00	\$31.00	\$0	\$63.00	\$31.00	\$32.00
Single + 1	\$62.00	\$31.00	\$31.00	\$119.00	\$31.00	\$88.00
Family	\$102.00	\$31.00	\$71.00	\$211.00	\$31.00	\$180.00

City of Eagan

FULL TIME EMPLOYEES

2019 MONTHLY PREMIUMS

MEDICAL	PLAN	TOTAL	CITY	EMPLOYEE
AWARE CO-PAY	EMPLOYEE	1055.12	983.16	71.96
	EMPLOYEE+SPOUSE	1683.98	1244.88	439.10
	EMPLOYEE+CHILD(REN)	1608.00	1188.84	419.16
	FAMILY	1888.68	1391.32	497.36
AWARE VEBA 1*	EMPLOYEE	770.24	770.24	0.00
	EMPLOYEE+SPOUSE	1185.96	891.16	294.80
	EMPLOYEE+CHILD(REN)	1132.14	848.56	283.58
	FAMILY	1446.58	1094.92	351.66
AWARE VEBA 2*	EMPLOYEE	831.32	770.24	61.08
	EMPLOYEE+SPOUSE	1280.78	891.16	389.62
	EMPLOYEE+CHILD(REN)	1222.66	848.56	374.10
	FAMILY	1562.22	1094.92	467.30

*The City of Eagan will make **quarterly VEBA contributions** into a Health Reimbursement Account (HRA):

- \$375 for Employee coverage
- \$750 for Employee+Spouse, Employee+Children and Family coverage

DENTAL	PLAN	TOTAL	CITY	EMPLOYEE
BASE PLAN	EMPLOYEE	18.92	18.92	0.00
	EMPLOYEE+SPOUSE	38.02	38.02	0.00
	EMPLOYEE+CHILD(REN)	35.76	35.76	0.00
	FAMILY	61.78	61.78	0.00
BUY-UP A	EMPLOYEE	33.46	18.92	14.54
	EMPLOYEE+SPOUSE	67.24	38.02	29.22
	EMPLOYEE+CHILD(REN)	63.24	35.76	27.48
	FAMILY	107.14	61.78	45.36
BUY-UP B	EMPLOYEE	45.12	18.92	26.20
	EMPLOYEE+SPOUSE	90.66	38.02	52.64
	EMPLOYEE+CHILD(REN)	85.26	35.76	49.50
	FAMILY	151.48	61.78	89.70

FLEXIBLE SPENDING ACCOUNT (FSA)	ANNUAL IRS MAXIMUM	EMPLOYEE
HEALTH CARE	elect up to 2650.00	bi-weekly premiums
DEPENDENT CARE	elect up to 5000.00 (per household)	bi-weekly premiums

LEGAL	PLAN	TOTAL	CITY	EMPLOYEE
METLAW	FAMILY	19.50	0.00	19.50

City of Eden Prairie

Effective January 1, 2019 through December 31, 2019

Rates for Health Partners Deductible Plan with HRA					
Coverage level	Total Premium	City Premium Contribution	City HRA/VEBA Contribution	Employee Monthly Premium Contribution	Bi-Weekly Premium Contribution
Single	\$723.87	\$687.67	\$50.00	\$36.20	\$18.10
Single +1	\$1,447.73	\$955.51	\$75.00	\$492.22	\$246.11
Family	\$1,719.17	\$1,134.65	\$95.00	\$584.52	\$292.26

Rates for Health Partners HIGH Deductible Plan with HSA					
Coverage level	Total Premium	City Premium Contribution	*City Annual Contribution	Employee Monthly Premium Contribution	Bi-Weekly Premium Contribution
Single	\$576.54	\$547.72	\$1,300	\$28.82	\$14.41
Single +1	\$1,153.12	\$761.06	\$2,600	\$392.06	\$196.03
Family	\$1,369.32	\$903.76	\$2,600	\$465.56	\$232.78

Rates for HealthPartners Open Access 3-Tier Dental Plan				
Coverage level	Total Premium	City Premium Contribution	Employee Monthly Premium Contribution	Bi-Weekly Premium Contribution
Single	\$41.66	\$41.66	\$0.00	\$0.00
Single +1	\$79.12	\$52.22	\$26.90	\$13.45
Family	\$132.45	\$87.41	\$45.04	\$22.52

Rates for EyeMed Voluntary Vision Plan				
Coverage level	Total Premium	City Premium Contribution	Employee Monthly Premium Contribution	Bi-Weekly Premium Contribution
Single	\$6.66	\$0.00	\$6.66	\$3.33
Single +1	\$12.66	\$0.00	\$12.66	\$6.33
Family	\$18.58	\$0.00	\$18.58	\$9.29

* Annual City contribution rate for High Deductible Plan with HSA is pro-rated based on the month in which employment begins

City of Edina

City Contribution

The City of Edina makes a monthly contribution towards the cost of benefits based on the medical insurance plan election as shown below:

City Contribution Towards Benefits	
Single (Employee Only)	\$955.00
Single + Child(ren) or Spouse	\$1,380.00
Family	\$1,640.00
Co-Pay Contribution	\$825.00
Opt Out Contribution	\$279.00
Ext. PT Contribution <i>(\$0 if opt out)</i>	\$643.00

2019 Health Insurance Monthly Rate Information						
Plan	\$2700/\$5400 HDHP.HSA			\$2500/\$5000 HDHP.HRA		
NETWORK	Open Access	Perform	Achieve	Open Access	Perform	Achieve
City Contribution for Single Coverage:	\$955.00	\$955.00	\$955.00	\$850.83 \$104.17*	\$850.83 \$104.17*	\$850.83 \$104.17*
Single Premium Cost:	\$656.50	\$643.00	\$630.00	\$725.50	\$711.00	\$696.50
Employee's Cost Per Month:	(\$298.50 left over)	(\$312.00 left over)	(\$325.00 left over)	(\$125.33 left over)	(\$139.83 left over)	(\$154.33 left over)
City Contribution for EE + Spouse Coverage:	\$1380.00	\$1380.00	\$1380.00	\$1171.66 \$208.34*	\$1171.66 \$208.34*	\$1171.66 \$208.34*
EE + Spouse Premium Cost:	\$1378.00	\$1350.50	\$1323.00	\$1523.00	\$1492.50	\$1462.00
Employee's Cost per Month:	(\$2.00 left over)	(\$29.50 left over)	(\$57.00 left over)	\$351.34	\$320.84	\$290.34
City Contribution for EE + Child(ren) Coverage:	\$1380.00	\$1380.00	\$1380.00	\$1171.66 \$208.34*	\$1171.66 \$208.34*	\$1171.66 \$208.34*
EE + Child(ren) Premium Cost:	\$1312.50	\$1286.50	\$1260.00	\$1450.50	\$1421.50	\$1392.50
Employee's Cost per Month:	(\$67.50 left over)	(\$93.50 left over)	(\$120.00 left over)	\$278.84	\$249.84	\$220.84
City Contribution for Family Coverage:	\$1640.00	\$1640.00	\$1640.00	\$1431.66 \$208.34*	\$1431.66 \$208.34*	\$1431.66 \$208.34*
Family Premium Cost:	\$1706.50	\$1672.00	\$1638.00	\$1886.00	\$1848.00	\$1810.50
Employee's Cost per Month:	\$66.50	\$32.00	(\$2.00 left over)	\$454.34	\$416.34	\$378.84

*City Contribution to HRA

City of Edina (continued)

Plan*	\$2700 HDHP.HSA	\$2500 HDHP.HRA
IN-NETWORK PLAN DESIGN FEATURES		
Lifetime Maximum	Unlimited	Unlimited
Creditable vs. Not Creditable	Creditable	Creditable
Deductible	\$2,700/person \$5,400/family	\$2,500/person \$5,000/family
Coinsurance	100/0%	100/0%
Medical Out-of-Pocket Maximum (includes Medical and Rx)	\$2,700/person \$5,400/family	\$2,500/person \$5,000/family
MEDICAL		
Preventative Care	100% coverage	100% coverage
Office Visit & Urgent Care (office based)	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% after deductible	100% after deductible
Lab, Pathology, X-ray and other Imaging	100% after deductible	100% after deductible
Inpatient & Outpatient Hospitalization	100% after deductible	100% after deductible
Emergency Room Facility	100% after deductible	100% after deductible
PRESCRIPTION DRUGS (RX)		
	<i>Preferred Rx Formulary</i>	
Rx Out of Pocket Maximum	N/A	N/A
Generic/Brand/Non-Formulary	100% after deductible	80/20% with a min \$10 and max \$25 copay/script
Specialty		80/20% with a min \$20 and max \$50 copay/script
Mail Order		80/20% capped at \$200/script/month

City of Edina (continued)

Voluntary Dental Benefits

Administered by HealthPartners Group # 5609

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Edina dental benefit plan.

Employees have two options: Low or High. Please be aware that if you chose the High Plan, you cannot downgrade to the Low Plan in the future.

Voluntary Dental Plan through HealthPartners		
2019 HealthPartners Dental Premiums		
Employee Only	\$28.80	\$51.06
Employee + Spouse	\$65.37	\$115.72
Employee + Child(ren)	\$55.35	\$114.40
Family	\$93.05	\$180.66
	Low Plan	High Plan
Annual Maximum	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year
Implant Maximum	You pay 100%/No Coverage	Plan pays \$500 per calendar year
Annual Deductible Applies to Basic Care, Special Care & Prosthetics	\$50/person \$150/family per calendar year	\$50/person \$150/family per calendar year
PREVENTIVE/DIAGNOSTIC CARE		
Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing
Sealants	You pay nothing	You pay nothing
BASIC I SERVICES *6 MONTH WAITING PERIOD		
Fillings (amalgam and anterior composite)	You pay 20%	You pay 20%
Posterior composite (white fillings)	You pay 50%	You pay 50%
Simple extraction	You pay 20%	You pay 20%
Non-surgical periodontics	You pay 100%/No Coverage	You pay 50%
Endodontics (root canal therapy)	You pay 100%/No Coverage	You pay 50%
BASIC II SERVICES *6 MONTH WAITING PERIOD		
Surgical periodontics	You pay 100%/No Coverage	You pay 50%
Complex Oral Surgery	You pay 20%	You pay 20%
SPECIAL CARE *12 MONTH WAITING PERIOD		
Restorative crowns & onlays	You pay 100%/No Coverage	You pay 50%
PROSTHETICS *12 MONTH WAITING PERIOD		
Bridges, dentures, & partial dentures	You pay 100%/No Coverage	You pay 50%
Dental implants	You pay 100%/No Coverage	You pay 50%
ORTHODONTICS *12 MONTH WAITING PERIOD		
Orthodontic care for all ages	You pay 100%/No Coverage	You pay 50% with Lifetime Max of \$1,500 paid by plan

* Waiting Periods: For an enrollee and any covered dependents, coverage for services begins after the above stated waiting period (6 or 12 months) of the enrollee's continuous enrollment under this dental plan

Enhanced Coverage for our Little Partners

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

Diabetes and Pregnancy

Additional periodontal services (exams, cleanings, scaling and root planning, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

Orthodontics

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

City of Fridley

City of Fridley 2019 Employee Benefit Rate Chart (FINAL) Preferred One (13% Increase) Delta Dental (0% Increase)

HEALTH INSURANCE - PREFERRED ONE															
BASE - PIC 500.80.4V	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019	2019	2019	2019	2019	2019
Level	Monthly Premium	Monthly City Contrib	Add'l Monthly Contrib	Annual City Contrib	PP* City Contrib	Employee Cost/Mo.	Employee Cost/PP*	Monthly Premium	Monthly City Contrib	Add'l Monthly Contrib	City's Cost Contribution Per PP	Annual City Contrib	PP* City Contrib	Employee Cost/Mo.	Employee Cost/PP*
Single	652.99	652.99	0.00	7,835.88	326.50	0.00	0.00	737.88	737.88	0.00	368.94	8,854.56	368.94	0.00	0.00
Single + 1	1,373.35	1,112.03	0.00	13,344.36	556.02	261.32	130.66	1,551.89	1,189.87	0.00	594.94	14,278.44	594.94	362.02	181.01
Dependent	2,095.48	1,571.07	0.00	18,852.84	785.54	524.41	262.21	2,367.89	1,681.04	0.00	840.52	20,172.48	840.52	686.85	343.43
HRA/VEBA PIC 2500.100.2.4															
Single	495.26	495.26	100.00	7,143.12	297.63	0.00	0.00	559.64	559.64	100.00	279.82	7,915.68	329.82	0.00	0.00
Single + 1	1,041.61	977.22	100.00	12,926.64	538.61	64.39	32.19	1,177.02	1,045.63	100.00	522.82	13,747.56	572.82	131.39	65.69
Dependent	1,589.32	1,459.07	100.00	18,708.84	779.54	130.25	65.13	1,795.93	1,561.20	100.00	780.60	19,934.40	830.60	234.73	117.37
H.S.A. PIC 2500.100.4Rx.V															
Single	467.54	467.54	100.00	6,810.48	283.77	0.00	0.00	528.32	528.32	100.00	264.16	7,539.84	314.16	0.00	0.00
Single + 1	983.31	963.31	100.00	12,759.72	531.66	20.00	10.00	1,111.14	1,030.70	100.00	515.35	13,568.40	565.35	80.44	40.22
Dependent	1,500.36	1,459.07	100.00	18,708.84	779.54	41.29	20.65	1,695.41	1,561.20	100.00	780.60	19,934.40	830.60	134.21	67.11
CASH OPTION															
Employee		476.77		5,721.24	220.05				476.77		220.05	5,721.24	220.05		
ANNUAL LEAVE															
Employee		10 Days							10 Days						
DENTAL INSURANCE - DELTA DENTAL															
Individual	44.10	25.00		300.00	12.50	19.10	9.55	44.10	25.00		12.50	300.00	12.50	19.10	9.55
Single Plus 1	93.40	25.00		300.00	12.50	68.40	34.20	93.40	25.00		12.50	300.00	12.50	68.40	34.20
Dependent	132.60	25.00		300.00	12.50	107.60	53.80	132.60	25.00		12.50	300.00	12.50	107.60	53.80
LEGAL SHIELD AND IDSHIELD															
Legal Shield															
Individual	16.95	0.00			0.00	16.95	16.95	16.95	0.00				0.00	16.95	16.95
Family	18.95	0.00			0.00	18.95	18.95	18.95	0.00				0.00	18.95	18.95
ID Shield															
Individual	8.95	0.00			0.00	8.95	8.95	8.95	0.00				0.00	8.95	8.95
Family	18.95	0.00			0.00	18.95	18.95	18.95	0.00				0.00	18.95	18.95
Combined Legal and ID Shield															
Individual	25.90	0.00			0.00	25.90	25.90	25.90	0.00				0.00	25.90	25.90
Family	33.90	0.00			0.00	33.90	33.90	33.90	0.00				0.00	33.90	33.90
LIFE INSURANCE - THE STANDARD															
25,000 Term	2.88	2.88		34.56	2.88	0.00	0.00	2.88	2.88		1.44	34.56	2.88	0.00	0.00
PERA LIFE INSURANCE - Healthsmart Benefit Solutions															
Varies By Age	16.00	0.00		0.00	0.00	16.00	8.00	16.00	0.00		0.00	0.00	0.00	16.00	8.00

*Notes: Health, Dental deductions will occur over 24 pay periods. Life, Vol. Life, PERA Life, LTD, and Identity/Legal deductions will occur monthly. Cash option, benefit leave, charitable contributions, flex spending and deferred comp will occur over 26 pay periods.

REVISED: 10/2/2018

City of Inver Grove Heights

CITY OF INVER GROVE HEIGHTS 2019 MEDICAL PLAN DESIGNS

Summary of Coverage	\$250-\$25		HRA VEBA		HSA	
City's Annual HRA/HSA Contribution:	N/A	N/A	\$1,332 Single/S+1/Family^		\$1,332 Single/S+1/Family^	
In-Network Benefits						
Annual Deductible:	\$250/person	\$750/family	\$2,000/person	\$4,000/family	\$2,700/person	\$5,400/family
Out-of-Pocket Max:	\$1,500/person	\$3,000/family	\$2,000/person	\$4,000/family	\$2,700/person	\$5,400/family
Routine Care:	You pay nothing		You pay nothing		You pay nothing	
Office Visits:	\$25 copay		You pay nothing after deductible		You pay nothing after deductible	
Hospitalization: (Inpatient/Outpatient)	You pay 20% after deductible		You pay nothing after deductible		You pay nothing after deductible	
Prescription Drugs: (Copays listed are for those in the Formulary, purchased via retail. For mail orders refer to Summary of Benefit Coverage booklet.)	\$12 Generic		\$15 Generic		100% after ded	
	\$24 Brand		\$25 Brand			
Urgent Care:	\$25 copay		You pay nothing after deductible		You pay nothing after deductible	
Emergency Care:	\$75 copay		You pay nothing after deductible		You pay nothing after deductible	
Lifetime Maximum:	Unlimited					
Out-of-Network Benefits						
Annual Deductible:	\$500/person	\$1,500/family	\$4,000/person	\$8,000/family	\$4,800/person	\$9,600/family
Out of Pocket Max:	\$3,500/person	\$6,000/family	\$7,000/person	\$11,000/family	\$9,600/person	\$19,200/family
Office Visits, Hospital:	You pay 35% after deductible		You pay 45% after deductible		You pay 25% after deductible	
Routine Care:	No Coverage		You pay 45% after deductible		You pay 25% after deductible	
Lifetime Maximum:	\$1,000,000					
Total Monthly Premiums	2019		2019		2019	
Single	\$831.44		\$756.78		\$659.97	
Single + 1	\$1,870.50		\$1,702.54		\$1,484.73	
Family	\$2,170.13		\$1,975.26		\$1,722.56	
City Contribution	2019	F.C.*	2019	F.C.*	2019	F.C.*
Single	\$679.12	\$330.20	\$756.78	\$386.10	\$659.97	\$386.10
Single + 1	\$805.48	\$330.20	\$805.48	\$330.20	\$805.48	\$330.20
Family	\$811.72	\$330.20	\$811.72	\$330.20	\$811.72	\$330.20
Employee Cost	2019		2019		2019	
Single	\$152.32		\$0.00	*	\$0.00	*
Single + 1	\$1,065.02		\$897.06	*	\$679.25	*
Family	\$1,358.41		\$1,163.54	*	\$910.84	*

***Flex Comp/Cash Option:** These additional contributions will be used to offset the Employee's portion of pretax benefit premiums; any remaining money will be paid to the employee as taxable compensation. A flat amount of \$578/mo. will be contributed to a City employee in lieu of all other contributions, if the employee is carried by a family member as a dependent (only) under the City's plan and waives all single employee contributions.

HRA & HSA: Can be used to offset out-of-pocket expenses such as deductibles & co-pays. If you also have a medical Flexible Spending Account (FSA), that money should be used first due to the IRS "use it or lose it" rule, which means that FSA money will be forfeited if not used within the (extended) plan year. If you are in the HSA plan, you may only have a limited FSA (i.e. for vision & dental only). ^The annual HRA and HSA amounts will be contributed into employee's accounts on a quarterly pro-rated basis: \$333/Qtr.

[This is not meant to be a complete plan description. This is a summary meant only for illustrative purposes and is not a guarantee of current or future benefits.]

City of Inver Grove Heights (continued)

CITY OF INVER GROVE HEIGHTS 2019 SCHEDULE OF DENTAL BENEFITS

	<u>HealthPartners Dental</u> Open Access Platform	
	HealthPartners Network	Out-of-Network
Calendar Year Deductible	None	\$50 per person \$150 per family
Calendar Year Maximum	\$1,500	\$750
Diagnostic & Preventive	100%	80%
Fillings	100%	80%
Basic Services	80%	50%
Basic Oral Surgery	80%	50%
Basic Endodontics	80%	50%
Non-Surgical Periodontics	80%	50%
Complex Oral Surgery	80%	50%
Crowns and crown repairs	70%	50%
Prosthetics	50%	50%
Orthodontics (for children)	50% to \$1,500* (*lifetime maximum)	50% to \$750
Employee Cost	Monthly Premiums	
Single	\$45.47	
Family	\$145.33	

This is not meant to be a complete plan description. This is a summary meant only for illustrative purposes and is not a guarantee of current or future benefits. Consult the plan booklet for exact details.

City of Lakeville

<i>A. Health Ins.</i>	MONTHLY PREMIUM COSTS			
	Employee	Employer	Total Premium	VEBA/HSA Funds
High Deductible/VEBA				
Employee	47.54	593.08	640.62	160.00
EE + Child(ren)	506.00	772.78	1278.78	185.00
EE + Spouse	541.20	838.69	1379.89	185.00
Family	635.83	1049.65	1685.48	205.00
High Deductible/HSA				
Employee	0.00	593.08	593.08	160.00
EE + Child(ren)	411.10	772.78	1183.88	185.00
EE + Spouse	438.80	838.69	1277.49	185.00
Family	510.75	1049.65	1560.40	205.00

The 2019 VEBA and HSA funding will be deposited in two installments. The first six months of funding will be deposited in January and the second six months of funding will be deposited in July. Deposits for new employees will be prorated.

<i>B. Dental Ins.</i>	MONTHLY PREMIUM COSTS		
	Employee	Employer	Total Premium
Employee	0.00	51.55	51.55
EE + 1	41.50	51.55	93.05
Family	101.29	51.55	152.84

City of Maple Grove

For Benefit Year: 2019

Maple Grove has a cafeteria plan and contributes \$1,040 per month to all full-time employees regardless of family status. An employee must select at least the lowest cost single health plan available, single dental and the basic life insurance plan, with any remaining dollars being applied to the selection of other benefits, or payable in cash. The contribution for part-time benefit earning employees is \$500 per month and they are not required to select a medical plan.

Monthly Insurance Premium Rates are as follows: (We are fully-insured for medical and self-insured for dental)

Insurance Benefit	Single	EE+Sp	EE+Kids	Family
Delta Dental Self-Insured	\$36.00	\$72.00	\$66.60	\$108.00
\$20 Copay – \$10/\$25 Rx – Open Access	\$859.29	\$1,717.19	\$1,588.50	\$2,575.07
\$20 Copay – \$10/\$25 Rx – Select Choice	\$773.50	\$1,545.59	\$1,429.80	\$2,317.70
\$30 Copay – \$10/\$25 Rx – Open Access	\$778.99	\$1,556.58	\$1,439.97	\$2,334.17
\$1500/\$3000 – 80/20 – High Deductible Plan – \$10/\$25/\$50 Rx – Open Access	\$650.53	\$1,299.67	\$1,202.30	\$1,948.78
\$1500/\$3000 – 80/20 High Deductible Plan – \$10/\$25/\$50 Rx – Select Choice	\$585.60	\$1,169.85	\$1,082.21	\$1,754.04
\$2700/\$5200 – 100% Qualified High Deductible Plan with HSA option – Open Access	\$606.79	\$1,212.18	\$1,121.37	\$1,817.57

City of Maplewood

2019 EMPLOYEE BENEFITS

MEDICAL INSURANCE – Medica \$2500/\$5000 High Deductible with HRA *

FULL-TIME EMPLOYEES							
MEDICA HEALTH INSURANCE	LEVEL OF COVERAGE	TOTAL MONTHLY PREMIUM	BASED ON WELLNESS PARTICIPATION—		BASED ON NON-WELLNESS PARTICIPATION—		CITY’S PROPOSED ANNUAL HRA CONTRIBUTION
			City Pays	Employee Pays*	City Pays	Employee Pays	
EMPLOYEES HIRED PRIOR TO JANUARY 1, 2013							
Medica Choice Passport—Open Access Network	Single	\$757.58	\$757.58	\$0*	\$737.58	\$20.00	\$1,900
	Dependent	1,101.03	585.51	515.52	585.51	515.52	\$3,200
	FAMILY TOTAL	\$1,858.61	\$1,343.09	\$515.52	\$1,323.09	\$535.52	
Medica Elect Network	Single	\$704.55	\$704.55	\$0*	\$684.55	\$20.00	\$1,900
	Dependent	1,023.97	546.99	476.98	546.99	476.98	\$3,200
	FAMILY TOTAL	\$1,728.52	\$1,251.54	\$476.98	\$1,231.54	\$496.98	
Medica VantagePlus Network	Single	\$681.82	\$681.82	\$0*	\$661.82	\$20.00	\$1,900
	Dependent	990.93	540.47	450.46	540.47	450.46	\$3,200
	FAMILY TOTAL	\$1,672.75	\$1,222.29	\$450.46	\$1,202.29	\$470.46	
EMPLOYEES HIRED AFTER JANUARY 1, 2013							
Medica Choice Passport—Open Access Network	Single	\$757.58	\$704.54	\$53.04*	\$684.54	\$73.04	\$1,700
	Dependent	1,101.03	546.99	554.04	546.99	554.04	\$2,700
	FAMILY TOTAL	\$1,858.61	\$1,251.53	\$607.08	\$1,231.53	\$627.08	
Medica Elect Network	Single	\$704.55	\$704.55	\$0*	\$684.55	\$20.00	\$1,700
	Dependent	1,023.97	546.99	476.98	546.99	476.98	\$2,700
	FAMILY TOTAL	\$1,728.52	\$1,251.54	\$476.98	\$1,231.54	\$496.98	
Medica VantagePlus Network	Single	\$681.82	\$681.82	\$0*	\$661.82	\$20.00	\$1,700
	Dependent	990.93	540.47	450.46	540.47	450.46	\$2,700
	FAMILY TOTAL	\$1672.75	\$1,222.29	\$450.46	\$1,202.29	\$470.46	

DENTAL INSURANCE – DELTA DENTAL *

PLAN OPTION	TOTAL MONTHLY PREMIUM	City Pays	Employee Pays
Employee	\$37.50	\$37.50	\$0
Employee + Spouse	\$64.50	\$37.50	\$27.00
Employee + Child(ren)	\$86.50	\$37.50	\$49.00
Employee + Family— Spouse and Child(ren)	\$113.50	\$37.50	\$76.00

* Coverage is effective the first day of hire for benefit-eligible employees.

City of Minneapolis

City of Minneapolis 2019 Monthly Medical and Dental Plan Rates **Final**

Full Time Employees

Medical Plan	Full Cost	City Cost	City Semi-Mthly	Employee Contribution	Employee Semi-Mthly	HRA/VEBA Contribution	Annual HRA Contribution
Wellness Rates							
Medica Elect							
Single	\$610.00	\$560.00	\$280.00	\$50.00	\$25.00	\$90.00	\$1,080.00
Family	\$1,712.00	\$1,522.00	\$761.00	\$190.00	\$95.00	\$190.00	\$2,280.00
Medica Choice							
Single	\$656.00	\$560.00	\$280.00	\$96.00	\$48.00	\$90.00	\$1,080.00
Family	\$1,832.00	\$1,522.00	\$761.00	\$310.00	\$155.00	\$190.00	\$2,280.00
Medica ACO 1 Fairview, North Memorial, HealthEast							
Single	\$584.00	\$560.00	\$280.00	\$24.00	\$12.00	\$90.00	\$1,080.00
Family	\$1,632.00	\$1,522.00	\$761.00	\$110.00	\$55.00	\$190.00	\$2,280.00
Medica ACO 2 Park Nicollet							
Single	\$566.00	\$560.00	\$280.00	\$6.00	\$3.00	\$90.00	\$1,080.00
Family	\$1,586.00	\$1,522.00	\$761.00	\$64.00	\$32.00	\$190.00	\$2,280.00
Medica ACO 3 Ridgeview							
Single	\$566.00	\$560.00	\$280.00	\$6.00	\$3.00	\$90.00	\$1,080.00
Family	\$1,586.00	\$1,522.00	\$761.00	\$64.00	\$32.00	\$190.00	\$2,280.00
Standard Rates							
Medica Elect							
Single	\$656.00	\$560.00	\$280.00	\$96.00	\$48.00	\$90.00	\$1,080.00
Family	\$1,842.00	\$1,522.00	\$761.00	\$320.00	\$160.00	\$190.00	\$2,280.00
Medica Choice							
Single	\$706.00	\$560.00	\$280.00	\$146.00	\$73.00	\$90.00	\$1,080.00
Family	\$1,972.00	\$1,522.00	\$761.00	\$450.00	\$225.00	\$190.00	\$2,280.00
Medica ACO 1 Fairview, North Memorial, HealthEast							
Single	\$626.00	\$560.00	\$280.00	\$66.00	\$33.00	\$90.00	\$1,080.00
Family	\$1,752.00	\$1,522.00	\$761.00	\$230.00	\$115.00	\$190.00	\$2,280.00
Medica ACO 2 Park Nicollet							
Single	\$608.00	\$560.00	\$280.00	\$48.00	\$24.00	\$90.00	\$1,080.00
Family	\$1,706.00	\$1,522.00	\$761.00	\$184.00	\$92.00	\$190.00	\$2,280.00
Medica ACO 3 Ridgeview							
Single	\$608.00	\$560.00	\$280.00	\$48.00	\$24.00	\$90.00	\$1,080.00
Family	\$1,706.00	\$1,522.00	\$761.00	\$184.00	\$92.00	\$190.00	\$2,280.00
Delta Dental - Composite Rate	\$67.00	\$67.00	\$33.50	\$0.00	\$0.00		

City of Minnetonka

City Contribution

The city contributes \$985 to \$1,290.50* per month depending on coverage level elected (plus an additional \$100 per month if you participate in the Health Rewards program) for your elected benefits, with the balance being added to or deducted from the your wages. Employees who waive medical coverage will receive an opt-out contribution of \$230* per month (plus an additional \$50 per month if you participate in the Health Rewards Program).

**these amounts may vary depending upon the bargaining unit that represents your position*

Monthly Contribution			
	Employer Contribution	Health Rewards Contribution	Total Potential Contribution
Employee Only Coverage	\$985	\$100	\$1,085
Employee + Spouse	\$1,115	\$100	\$1,215
Employee + Child(ren)	\$1,250	\$100	\$1,350
Family Coverage	\$1,290.50	\$100	\$1,390.50
Opt-out	\$230	\$50	\$280

City of Minnetonka (continued)

Medical Benefits

Administered by HealthPartners

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan offered by the City of Minnetonka. The City of Minnetonka offers you a choice of three different plan designs across 2 different networks, including 3 High Deductible Health Plans (HDHP). A High Deductible Health Plan (HDHP) charges lower monthly premiums than traditional plans in exchange for an up-front deductible. However with HDHP's, you are responsible for ensuring medical bills are paid until your deductible is met which is when your insurance goes into effect.

Four Tiers

Each plan is available in four tiers: employee, employee + spouse, employee + child(ren), and family coverage.

Two Networks

The **Open Access Network** is the broadest network offered by HealthPartners. Approximately 98% of physicians and 100% of the hospitals in Minnesota participate in this network.

The **Perform Network** is a subset of the Open Access Network and excludes the Mayo Health Systems, Hazelden, Sanford and Gunderson Lutheran Health Systems.

To find out if your provider is included in one of the networks, visit www.healthpartners.com and click on "Doctors, Dentists, & Clinics" located on the left side of the page.

Plan	\$30 Co-Pay (Frozen Plan - No new enrollments)	\$2,500/\$5,000 HDHP.HRA		\$2,700/\$5,400 HDHP.HSA		\$2,700/\$5,400 HDHP.HSA Rx Plus	
Network	Open Access	Open Access	Perform	Open Access	Perform	Open Access	Perform
City Employee Contribution	\$985	\$880.82 \$104.18*	\$880.82 \$104.18*	\$985	\$985	\$985	\$985
Health Rewards	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Employee Only Premium	\$955	\$690	\$676	\$624.50	\$612	\$637	\$624.50
City Employee + Spouse Contribution	\$1,115	\$906.66 \$208.34*	\$906.66 \$208.34*	\$1,115	\$1,115	\$1,115	\$1,115
Health Rewards	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Employee+Spouse Premium	\$2,005.50	\$1,449	\$1,420	\$1,311	\$1,285	\$1,338	\$1,311.50
City Employee + Child(ren) Contribution	\$1,250	\$1,041.66 \$208.34*	\$1,041.66 \$208.34*	\$1,250	\$1,250	\$1,250	\$1,250
Health Rewards	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Employee+Children Premium	\$1,910	\$1,380	\$1,352	\$1,248.50	\$1,223.50	\$1,274.50	\$1,249
City Family Contribution	\$1,290.50	\$1,082.16 \$208.34*	\$1,082.16 \$208.34*	\$1,290.50	\$1,290.50	\$1,290.50	\$1,290.50
Health Rewards	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family Premium	\$2,482.50	\$1,794	\$1,758	\$1,623	\$1,590.50	\$1,656.50	\$1,623.50
Medical Opt-Out	\$230	\$230	\$230	\$230	\$230	\$230	\$230
Health Rewards (Medical Opt-Out)	\$50	\$50	\$50	\$50	\$50	\$50	\$50

*Employer HRA Contribution Amounts

City of Minnetonka (continued)

Carrier	HealthPartners Open Access, Perform & Achieve Networks			
Plan	\$30 copay 100%	\$2,500 HDHP HRA	\$2,700 HDHP HSA	\$2,700 HDHP sHSA Rx Plus
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	None	\$2,500/Person \$5,000/Family	\$2,700/Person \$5,400/Family	\$2,700/Person \$5,400/Family
Annual Out-of-Pocket Maximum	\$1,200/Person \$5,000/Family	\$2,500/Person \$5,000/Family	\$2,700/Person \$5,400/Family	\$2,700/Person \$5,400/Family
Coinsurance	100%	100%	100%	100%
MEDICAL CARE				
Preventative Care	100% coverage	100% coverage	100% coverage	100% coverage
Office Visits	\$30 copay	100% after deductible	100% after deductible	100% after deductible
Urgent Care	\$30 copay	100% after deductible	100% after deductible	100% after deductible
Convenience/Retail Care Clinic	100% (Copay Waived)	100% coverage	100% after deductible	100% after deductible
Emergency Room	\$75 copay	100% after deductible	100% after deductible	100% after deductible
Inpatient Care	100%	100% after deductible	100% after deductible	100% after deductible
Out Patient Care	100%	100% after deductible	100% after deductible	100% after deductible
Diagnostic X-Ray and Lab Tests	100%	100% after deductible	100% after deductible	100% after deductible
PRESCRIPTION DRUGS - PREFERRED RX FORMULARY				
Retail 1 Month Supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$10 and max \$25 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$10 and max \$25 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 100% after deductible	Copayment for Select Preventive Medications: Generic: \$12.00 Brand: \$45.00 otherwise: 100% after deductible
Mail Order 3 Month Supply	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$20 and max \$50 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 80/20% with a min \$20 and max \$50 copay/script	Preferred Generic, Preferred Brand & Non-Preferred: 100% after deductible	Copayment for Select Preventive Medications: Generic: \$24.00 Brand: \$90.00 otherwise: 100% after deductible
Specialty	80/20% capped at \$200/script/month	80/20% capped at \$200/script/month	100% after deductible	100% after deductible

City of Minnetonka (continued)

HSA

Administered by Further (formerly SelectAccount)

As part of the medical plan benefit options the City of Minnetonka offers a Health Savings Account (HSA) for those employees who choose a HSA high deductible health plan. Employees who choose to open an HSA account select the amount they would like to contribute to their HSA. Individual accounts are set up at SelectAccount and the amount deposited will be deducted from the employee's paycheck each pay period and deposited into the account. When funds in the HSA are used for medical tax qualified expenses the funds are tax free. Each employee will receive a debit card to use for paying for medical expenses or for reimbursing themselves from their account. Money in the HSA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination from employment or retirement. HSA contributions can be changed at any time throughout the year.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a "limited scope" FSA or HRA. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also an HDHP/HSA. If you are covered by a spouse's medical insurance plan or full flexible spending account, you are not eligible to participate in an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another's tax return.

2019 Contribution Limits:

Single — \$3,500 Family — \$7,000

Catchup for 55 and older: Additional \$1,000

HRA Plan with VEBA

Administered by Further (formerly SelectAccount)

As part of our medical plan options, the City of Minnetonka offers a Health Reimbursement Arrangement (HRA) for those employees who choose a \$2,500/\$5,000 HRA high deductible health plan. An HRA/VEBA is an employer funded account established for participating employees to be used on a pret-ax basis to pay for unreimbursed medical, dental or vision expenses for those family member that are enrolled on the plan (if the dependent is not enrolled on the city's medical plan then reimbursements can not be made for their expenses). Once the deductible is met, the plan pays 100% until the end of the plan year. A portion of the City's monthly contribution is used to fund half of the deductible amount. The City's contribution to the HRA account will be deposited on a monthly basis. Reimbursements cannot be made for more than the available amount in the HRA account.

Employees are eligible to be reimbursed from HRA for all (213)d expenses and after termination or retirement, certain insurance premiums. Money in the HRA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination or retirement. (If you also elect a Flexible Spending Account, expenses incurred and submitted for reimbursement will be paid from your FSA first and then paid from your HRA.)

City of Minnetonka (continued)

Voluntary Dental Benefits

Administered by Aetna

We have switched to Aetna as our dental provider and are excited to bring you this cost saving change. Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Minnetonka's dental benefit plan. The City of Minnetonka plan offers two coverage options: Employee and Employee + Family. The plan offers network and non-network benefits. When you visit a network dentist, you have the opportunity to maximize your benefit with lower out-of-pocket expenses.

Aetna Dental	Active PPO with PPOII Network	
	Participating	Non-participating
Individual Annual Calendar Year Deductible	\$25	\$25
Family Annual Calendar Year Deductible	\$75	\$75
Annual Maximum	\$2250 per calendar year	\$1250 per calendar year
Implant Coverage	50%	50%

Covered Services*	Participating	Non-participating
PREVENTATIVE & DIAGNOSTIC CARE		
Teeth cleaning, exams, dental x-rays and fluoride treatments	100%	80%
Sealants	100%	80%
BASIC CARE		
Fillings (amalgam and anterior composite)	80%	50%
Posterior composite	80%	50%
Simple extractions	80%	50%
Non-surgical periodontics	80%	50%
Endodontics (root canal therapy)	80%	50%
BASIC CARE II		
Surgical periodontics	80%	50%
Complex oral surgery	80%	50%
SPECIAL CARE		
Restorations (Crowns & onlays)	50%	50%
PROSTHETICS		
Bridges, dentures & Partial dentures	50%	50%
Dental implants	50%	50%
MONTHLY EMPLOYEE PREMIUMS		
Employee	\$37.13	
Employee + Family	\$96.93	

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage.

Emergency Care: Refer to the Group Dental Member Contract for coverage of emergency dental services.

City of Oakdale

Medical

The City of Oakdale currently offers two different medical plans from Blue Cross Blue Shield to new employees. The **VEBA Plan** combines a high deductible insurance plan with an employer-funded VEBA account. The **H.S.A. Plan** combines a high deductible insurance plan with a Health Savings Account that can be funded by both the employer and the employee. A Summary of Benefits is attached that gives further details on each plan's coverage. Please take a moment to see me to discuss your options. Then, I can provide you with the enrollment forms for the plan of your choice. The following table shows the full premium, the employee's portion of the premium (this amount will be pro-rated for part time employees) and the City's contribution towards your VEBA or H.S.A.

Health Insurance Premiums:

	Full Premium	Employee's Portion	Amt Contributed to VEBA/HSA
Single Plan 831 (VEBA)	646.50	0.00	70.00
Family Plan 831 (VEBA)	1730.00	381.69	80.00
Single Plan 833 (HSA)	598.00	0.00	112.00
Family Plan 833 (HSA)	1600.00	251.69	80.00

In addition, the City also offers you the opportunity to participate in a **Flexible Spending Account** for either medical, dental or vision expenses, or for eligible dependent care expenses including day care. You specify an amount of money to be deducted from your pay before taxes. That money is held for you in an FSA and you can draw money from that account as you incur eligible expenses. Keep in mind however that these funds are not fully portable. Also, you must plan carefully because you must use all but \$500 of your funds within the calendar year. A maximum of \$500 is allowed to be carried over to the next year.

Dental

The City also offers dental insurance from Delta Dental. There is a Summary of Benefits attached that gives further details on the coverage. The following table shows the full premiums and employee's portion of premiums.

Dental Insurance Premiums:

	Full Premium	Employee's Share (with family medical)	Employee's Share (with single medical)
Single	40.47	40.47	0.00
Emp plus One	80.77	80.77	0.00
Family	159.07	159.07	0.00

City of Plymouth

2019 Medical Insurance Rates

	Total Monthly Premium	City Contribution to Premium	City Contribution to VEBA	Total City Contribution	Employee Contribution to Premium
Plan 1 \$2,500/80% - Achieve					
Single (\$2,500 Deductible)	\$583.25	\$583.25	\$187.50	\$770.75	\$0.00
Family (\$5,000 Deductible)	\$1,457.23	\$981.18	\$187.50	\$1,168.68	\$476.05
Out of Pocket Max: Single \$4,000; Family \$8,000					
Plan 2 \$2,500/80% - Open Access					
Single (\$2,500 Deductible)	\$620.48	\$620.48	\$187.50	\$807.98	\$0.00
Family (\$5,000 Deductible)	\$1,550.25	\$981.18	\$187.50	\$1,168.68	\$569.07
Out of Pocket Max: Single \$4,000; Family \$8,000					
Plan 3 \$2,250/100% - Achieve					
Single (\$2,250 Deductible)	\$656.60	\$656.60	\$187.50	\$844.10	\$0.00
Family (\$4,500 Deductible)	\$1,640.51	\$981.18	\$187.50	\$1,168.68	\$659.33
Plan 4 \$2,250/100% - Open Access					
Single (\$2,250 Deductible)	\$698.52	\$698.52	\$187.50	\$886.02	\$0.00
Family (\$4,500 Deductible)	\$1,745.23	\$1,094.62	\$187.50	\$1,282.12	\$650.61

Note: Employees who waive health insurance and are covered by a spouse or parent's group health plan receive \$353 per month into a VEBA account.

* 2019 contribution levels above are for the following employee groups: non-union, CTP, Maintenance, Police, and Sergeants.

Dental:

In 2019, the City of Plymouth's monthly dental rates were:

Single \$32.92
Family \$105.17

The city pays the full dental premium for those who waive health insurance or take single health insurance. For those who take family health insurance, they pay the full dental premium.

City of Prior Lake

MEDICAL INSURANCE – Medica

Option One: Passport 6350. Option One is a high-deductible plan that allows you to choose your doctor and seek specialists without a referral.

Plan Option (Premium) 11439	City Contribution	Employee Monthly Cost	Plan Deductible	Employee Portion	City HRA Contribution
Individual (\$456.38)	\$410.74	\$45.64	\$6,350	\$3,000	\$3,350
Single +1 (\$912.76)	\$757.87	\$154.89	\$12,700	\$4,500	\$8,200
Family (\$1,271.63)	\$945.00	\$326.63	\$12,700	\$4,500	\$8,200

Option Two: Accountable Care Organization (ACO) through Park Nicollet or Vantage Plus

(Fairview/HealthEast). Through this plan, you select a clinic and primary physician. Referrals from the primary physician are required to see specialists. You must choose between the two ACO plan options below should you decide on Option Two.

ACO Plan Option: Park Nicollet 91943	City Contribution	Employee Monthly Cost	Plan Deductible	Employee Portion	City HRA Contribution
Individual (\$401.62)	\$401.62	\$0	\$6,350	\$3,000	\$3,350
Single +1 (\$803.22)	\$753.31	\$49.91	\$12,700	\$4,500	\$8,200
Family (\$1,119.03)	\$945.00	\$174.03	\$12,700	\$4,500	\$8,200

OR

ACO Plan Option: Vantage Plus 91942	City Contribution	Employee Monthly Cost	Plan Deductible	Employee Portion	City HRA Contribution
Individual (\$410.74)	\$410.74	\$0	\$6,350	\$3,000	\$3,350
Single +1 (\$821.48)	\$757.87	\$63.61	\$12,700	\$4,500	\$8,200
Family (\$1,144.47)	\$945.00	\$199.47	\$12,700	\$4,500	\$8,200

DENTAL INSURANCE FOR – Delta Dental

Plan Option	City Contribution	Employee Monthly Cost
Individual	\$45.00	\$0.00
Family	\$45.00	\$61.43

HEALTH CARE SPENDING ACCOUNT – Alerus

Because the City has a high-deductible healthcare plan, all employees are eligible for a health care spending account (H.S.A.). Employees may determine the contribution amount, which is deposited pre-tax into your account. The 2019 H.S.A. contribution limit for self-only is \$3,500 and for families is \$7,000. If you are age 55 or over, you may contribute an additional \$1,000. These funds do not expire and you can carry over funds year after year. Employees enrolled in the individual plan option receive \$80.00 per pay period from the City which can be used toward an employee's H.S.A. account.

FLEXIBLE SPENDING ACCOUNT – Further Group

In addition to the H.S.A., employees may choose to set aside pre-tax money for health and/or dependent care through a flexible spending account. Max medical contribution is in 2018 is \$2,700 and for dependent care it is \$5,000. Remember, an FSA is different than an HSA in that you must 'use it or lose it' come year's end.

City of Ramsey

Health Insurance

The City offers health insurance through Health Partners to all regular, full-time employees. Employees may choose from four tiers (Single, Employee + Child(ren), Employee + Spouse, and Family) or, employees may elect to waive health insurance. Eligibility for coverage begins on the first day of employment.

2019 Health Insurance Plans / Premiums

2019 Health Insurance HeathPartners	Perform Network Premium	City Contribution to Premium	Perform Employee Cost		Open Access Network Premium	City Contribution to Premium	Open Access Employee Cost	City Contribution to VEBA or H.S.A.	Total City Contribution (Premium & VEBA/H.S.A.)
Single Plans									
\$2500 Ded. Plan w/VEBA	\$728.00	\$728.00	\$0.00		\$743.00	\$728.00	\$15.00	\$130.00	\$858.00
\$2700 Ded. Plan w/H.S.A.	\$659.00	\$659.00	\$0.00		\$672.50	\$659.00	\$0.00	\$130.00	\$789.00/\$802.50
\$4000 Ded. Plan w/VEBA	\$642.00	\$642.00	\$0.00		\$655.00	\$642.00	\$0.00	\$194.00	\$836.00/\$849.00
\$4000 Ded. Plan w/H.S.A.	\$608.00	\$608.00	\$0.00		\$620.50	\$608.00	\$0.00	\$194.00	\$802.00/\$814.50
Employee + Child(ren)									
\$2500 Ded. Plan w/VEBA	\$1,456.00	\$873.60	\$582.40		\$1,486.00	\$873.60	\$612.40	\$160.00	\$1,033.60
\$2700 Ded. Plan w/H.S.A.	\$1,317.50	\$873.60	\$443.90		\$1,344.50	\$873.60	\$470.90	\$160.00	\$1,033.60
\$4000 Ded. Plan w/VEBA	\$1,283.50	\$873.60	\$409.90		\$1,310.00	\$873.60	\$436.40	\$160.00	\$1,033.60
\$4000 Ded. Plan w/H.S.A.	\$1,216.00	\$873.60	\$342.40		\$1,240.50	\$873.60	\$366.90	\$160.00	\$1,033.60
Employee + Spouse Plans									
\$2500 Ded. Plan w/VEBA	\$1,529.00	\$917.40	\$611.60		\$1,560.50	\$917.40	\$643.10	\$160.00	\$1,077.40
\$2700 Ded. Plan w/H.S.A.	\$1,383.50	\$917.40	\$466.10		\$1,412.00	\$917.40	\$494.60	\$160.00	\$1,077.40
\$4000 Ded. Plan w/VEBA	\$1,348.00	\$917.40	\$430.60		\$1,375.50	\$917.40	\$458.10	\$160.00	\$1,077.40
\$4000 Ded. Plan w/H.S.A.	\$1,276.50	\$917.40	\$359.10		\$1,302.50	\$917.40	\$385.10	\$160.00	\$1,077.40
Family Plans									
\$2500 Ded. Plan w/VEBA	\$1,893.00	\$1,135.80	\$757.20		\$1,932.00	\$1,135.80	\$796.20	\$192.00	\$1,327.80
\$2700 Ded. Plan w/H.S.A.	\$1,713.00	\$1,135.80	\$577.20		\$1,748.00	\$1,135.80	\$612.20	\$192.00	\$1,327.80
\$4000 Ded. Plan w/VEBA	\$1,669.00	\$1,135.80	\$533.20		\$1,703.00	\$1,135.80	\$567.20	\$192.00	\$1,327.80
\$4000 Ded. Plan w/H.S.A.	\$1,580.50	\$1,135.80	\$444.70		\$1,613.00	\$1,135.80	\$477.20	\$192.00	\$1,327.80
Waivers									\$370.00

Dental Insurance

Dental insurance is available through Delta Dental to all regular full-time employees. The **City contributes \$33.45 toward the premium**. The premiums are:

Single Coverage	\$33.45/month
Single + 1	\$82.20/month
Family Coverage	\$134.35/month

Eligibility for coverage begins on the first day of employment. To find out whether your dentist is in the Delta network, visit their website at <http://deltadental.com>

The in-network option is the Preferred Network and the out-of-network option is the Premium Network. Coverage varies depending on the status of your dental provider.

City of Richfield

[Richfield] 2019 Health Insurance Rates

Monthly Premium Rates for **Full-Time** employees with settled contracts

OPEN ACCESS NETWORK

PLAN	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2700/\$5400 High Deductible Plan (with HSA)	Rate: \$656.50 City: \$856.50 Employee: \$0.00 \$200.00 into HAS	Rate: \$1,378.00 City: \$1,227.00 Employee: \$151.00	Rate: \$1,312.50 City: \$1,227.00 Employee: \$85.50	Rate: \$1,706.50 City: \$1,330.00 Employee: \$376.50
\$4000/\$8000 High Deductible Plan (with HSA)	Rate: \$605.50 City: \$805.50 Employee: \$0.00 \$200.00 into HSA	Rate: \$1,271.50 City: \$1,227.00 Employee: \$44.50	Rate: \$1,211.00 City: \$1,227.00 Employee: \$0.00 \$16.00 into HSA	Rate: \$1,574.50 City: \$1,330.00 Employee: \$244.50
\$2700/\$5400 High Deductible Plan (with HSA) Empower RX Plus	Rate: \$670.00 City: \$856.50 Employee: \$0.00 \$186.50 into HSA	Rate: \$1,407.00 City: \$1,227.00 Employee: \$180.00	Rate: \$1,340.00 City: \$1,227.00 Employee: \$113.00	Rate: \$1,741.50 City: \$1,330.00 Employee: \$411.50

PERFORM NETWORK – without Mayo

PLAN	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2700/\$5400 High Deductible Plan (with HSA)	Rate: \$643.00 City: \$843.00 Employee: \$0.00 \$200.00 into HSA	Rate: \$1,350.50 City: \$1,227.00 Employee: \$123.50	Rate: \$1,286.50 City: \$1,227.00 Employee: \$59.50	Rate: \$1,672.00 City: \$1,330.00 Employee: \$342.00
\$4000/\$8000 High Deductible Plan (with HSA)	Rate: \$593.50 City: \$793.50 Employee: \$0.00 \$200.00 into HSA	Rate: \$1,246.00 City: \$1,227.00 Employee: \$19.00	Rate: \$1,187.00 City: \$1,227.00 Employee: \$0.00 \$40.00 into HSA	Rate: \$1,543.00 City: \$1,330.00 Employee: \$213.00
\$2700/\$5400 High Deductible Plan (with HSA) Empower RX Plus	Rate: \$656.50 City: \$843.00 Employee: \$0.00 \$186.50 into HSA	Rate: \$1,378.50 City: \$1,227.00 Employee: \$151.50	Rate: \$1,313.00 City: \$1,227.00 Employee: \$86.00	Rate: \$1,707.00 City: \$1,330.00 Employee: \$377.00

ACHIEVE NETWORK – HealthPartners, Park Nicollet Care Systems, and other tier 1 providers

PLAN	Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2700/\$5400 High Deductible Plan (with HSA)	Rate: \$630.00 City: \$830.00 Employee: \$0.00 \$200.00 into HSA	Rate: \$1,323.00 City: \$1,227.00 Employee: \$96.00	Rate: \$1,260.00 City: \$1,227.00 Employee: \$33.00	Rate: \$1,638.00 City: \$1,330.00 Employee: \$308.00
\$4000/\$8000 High Deductible Plan (with HSA)	Rate: \$581.50 City: \$781.50 Employee: \$0.00 \$200.00 into HSA	Rate: \$1,221.00 City: \$1,227.00 Employee: \$0.00 \$6.00 into HSA	Rate: \$1,162.50 City: \$1,227.00 Employee: \$0.00 \$64.50 into HSA	Rate: \$1,511.50 City: \$1,330.00 Employee: \$181.50
\$2700/\$5400 High Deductible Plan (with HSA) Empower RX Plus	Rate: \$643.00 City: \$830.00 Employee: \$0.00 \$187.00 into HSA	Rate: \$1,350.50 City: \$1,227.00 Employee: \$123.50	Rate: \$1,286.00 City: \$1,227.00 Employee: \$59.00	Rate: \$1,672.00 City: \$1,330.00 Employee: \$342.00

2019 Dental Insurance Rates for FULL-TIME Employees Only

Employee: \$59.75/month (paid by the City)

Employee plus Spouse: \$93.50/month (\$33.75/month paid by the employee)

Family: \$124.50/month (\$64.75/month paid by the employee)

City of Rochester

MEDICAL PLAN	2019 Monthly Employee Contribution to Premium	Monthly Employer Contribution to Premium	Total Premium
2019 Base Plan			
EE only	\$49.10	\$932.85	\$981.95
Family	\$259.96	\$2,455.06	\$2,715.02

No City contributions were made on behalf of an employee to a Health Savings Account or payment in lieu of health insurance coverage to officers.

DENTAL PLAN	2019 Monthly Employee Contribution to Premium	Monthly Employer Contribution to Premium	Total Premium
Employee Only	\$0.00	\$37.88	\$37.88
Family	\$9.26	\$90.39	\$99.65

City of Roseville

HEALTH AND DENTAL BENEFITS

MEDICAL INSURANCE

HEALTH PARTNERS NATIONAL ONE (HRA) - \$2,000 DEDUCTIBLE/100% PLAN

This plan pays 100% after the \$2000 annual deductible is satisfied for all in network coverage. The plan offers a three tier co pay for prescriptions, not subject to the deductible. There is 100% coverage for preventive care. Reduced benefits are offered when participants receive health services outside of the network. This plan is coupled with a Health Reimbursement Account funded by the City which helps pay the deductible on a tax-free basis and is interest bearing. Any excess funds in this account roll over from year to year.

HEALTH PARTNERS EMPOWER (HSA) - \$2,700 DEDUCTIBLE/80%PLAN

This plan pays at 80% after the annual \$2,700 deductible is satisfied for all services, except preventive care, including office visits, hospitalization coverage and prescriptions. There is 100% coverage for preventive care. Reduced benefits are offered when participants receive health services outside of the network. This plan is coupled with a Health Savings Account which may be funded by both the City and the employee up to the IRS limit and helps pay the deductible on a tax-free basis while accumulating interest. Any excess funds in this account roll over from year to year.

DENTAL INSURANCE

DELTA PREFERRED DENTAL

The plan uses a specific network of dentists and covers preventative and diagnostic care at 100%, and basic and major services at a reduced amount. This plan also has a \$50 deductible, an annual maximum benefit of \$1,000.

City of Roseville (continued)

2019 MONTHLY HEALTH INSURANCE CITY CONTRIBUTIONS

Effective 1/1/2019 the City of Roseville will continue a consumer driven / wellness approach in health care management with the contributions, as it has done with the plans provided. Those opting to take greater risk will receive a greater contribution to help cover the deductible and maximums.

CAFETERIA CONTRIBUTION FOR 2019 NON-FULFILLMENT OF WELLNESS INCENTIVE

PLAN TYPE	Monthly Insurance City Contribution			
	SINGLE	SINGLE + ONE	FAMILY COVERAGE	NO COVERAGE
Health Partners National One (HRA) \$2,000 Deductible/100% Plan	\$821	\$968	\$1,215	The City will give \$470 per month in taxable income. The City does require proof of other medical insurance if this plan is waived.
Health Partners Empower (HSA) \$2,700 Deductible/80% Plan	\$832	\$979	\$1,225	

CAFETERIA CONTRIBUTION FOR 2019 WITH COMPLETION OF WELLNESS INCENTIVE

To earn the full Cafeteria Contribution for 2019 you must fulfill the requirements for the Benefits Plan Contribution Incentive through <https://portal.benovate.com/>

PLAN TYPE	Monthly Insurance City Contribution			
	SINGLE	SINGLE + ONE	FAMILY COVERAGE	NO COVERAGE
Health Partners National One (HRA) \$2,000 Deductible/100% Plan	\$861	\$1,008	\$1,255	The City will give \$510 per month in taxable income. The City does require proof of other medical insurance if this plan is waived.
Health Partners Empower (HSA) \$2,700 Deductible/80% Plan	\$872	\$1,019	\$1,265	

2019 MONTHLY DENTAL INSURANCE PREMIUM

DENTAL INSURANCE PREMIUM

The plan uses a specific network of dentists and covers preventative and diagnostic care at 100%, and basic and major services at a reduced amount. This plan has a \$50 deductible and an annual maximum benefit of \$1,000.

PLAN TYPE	SINGLE	SINGLE + ONE	FAMILY COVERAGE
Delta Dental	\$35	\$72	\$116

City of Roseville (continued)

2019 MONTHLY HEALTH INSURANCE PREMIUM

HEALTH INSURANCE PREMIUMS – NON-FULFILLMENT OF WELLNESS INCENTIVE

Any remaining dollars will be applied to dental premiums (if enrolled) before they go to the employee as taxable wages.

PLAN TYPE	Single Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$585.31	\$821	\$200	-\$35.69
Health Partners Empower (HSA)	\$421	\$832	\$210	-\$201

PLAN TYPE	Single Plus One Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$1,143.07	\$968	\$170	\$345.07
Health Partners Empower (HSA)	\$830.56	\$979	\$180	\$31.56

PLAN TYPE	Family Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$1,592.60	\$1,215	\$125	\$502.60
Health Partners Empower (HSA)	\$1,137.69	\$1,225	\$135	\$47.69

City of Roseville (continued)

HEALTH INSURANCE PREMIUMS WITH COMPLETION OF WELLNESS INCENTIVE

Calculations below assumes contribution incentive is being received. Any remaining dollars will be applied to dental premiums (if enrolled) before they go to the employee as taxable wages.

PLAN TYPE	Single Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$585.31	\$861	\$200	-\$75.69
Health Partners Empower (HSA)	\$421	\$872	\$210	-\$241

PLAN TYPE	Single Plus One Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$1,143.07	\$1,008	\$170	\$305.07
Health Partners Empower (HSA)	\$830.56	\$1,019	\$180	-\$8.44

PLAN TYPE	Family Coverage			
	Premium	City Contribution	Account Dollars (HRA/HSA)	Employee Cost
Health Partners National One (HRA)	\$1,592.60	\$1,255	\$125	\$462.60
Health Partners Empower (HSA)	\$1,137.69	\$1,265	\$135	\$7.69

OTHER BENEFITS

HEALTH SAVINGS ACCOUNT (HSA)

This account is coupled with the Health Partners Empower (HSA)-\$2,700 Deductible/80%Plan. This plan may be funded by both the City and the employee up to the IRS limit of \$3,500 for singles and \$7,000 for families to pay for the deductible on a tax-free basis while the account accumulates interest. Any excess funds in this account roll over from year to year.

City of St. Louis Park

UNION BENEFITS 2019

SALARY: Per union contract

HEALTH Employees may select from a “menu” of benefits under the City’s Flexible Benefits Plan.

BENEFITS: The City contribution varies based on health plan and tier of health insurance coverage. See the chart below:

2019 PLAN OPTIONS		Premium	Employer Contribution*	Employer VEBA Contribution**	Total Employer Contribution	Employee Cost
\$2500	Employee	\$ 691.50	\$ 850.00	\$ 208.34	\$1,058.34	\$ +158.50
Deductible	Emp+Child	\$ 1,451.50	\$1,015.00	\$ 291.67	\$1,306.67	\$ (436.50)
Open access	Emp+Spouse	\$ 1,521.50	\$1,065.00	\$ 291.67	\$1,356.67	\$ (456.50)
	Family	\$ 1,935.50	\$1,355.00	\$ 291.67	\$1,646.67	\$ (580.50)
\$4500	Employee	\$ 601.50	\$ 850.00	\$ 208.34	\$1,058.34	\$ +248.50
Deductible	Emp+Child	\$ 1,263.00	\$1,015.00	\$ 291.67	\$1,306.67	\$ (248.00)
Open access	Emp+Spouse	\$ 1,324.00	\$1,065.00	\$ 291.67	\$1,356.67	\$ (259.00)
	Family	\$ 1,684.00	\$1,355.00	\$ 291.67	\$1,646.67	\$ (329.00)
\$4500	Employee	\$ 565.50	\$ 850.00	\$ 208.34	\$1,058.34	\$ +284.50
Deductible	Emp+Child	\$ 1,187.50	\$1,015.00	\$ 291.67	\$1,306.67	\$ (172.50)
SmartCare	Emp+Spouse	\$ 1,244.50	\$1,065.00	\$ 291.67	\$1,356.67	\$ (179.50)
	Family	\$ 1,583.00	\$1,355.00	\$ 291.67	\$1,646.67	\$ (228.00)
\$30	Employee	\$ 855.00	\$ 850.00	--	\$ 850.00	\$ (5.00)
Co-Pay	Emp+Child	\$ 1,795.00	\$1,015.00	--	\$1,015.00	\$ (780.00)
Open access	Emp+Spouse	\$ 1,881.50	\$1,065.00	--	\$1,065.00	\$ (816.50)
	Family	\$ 2,394.00	\$1,355.00	--	\$1,355.00	\$ (1,039.00)
Waive***			\$ 160.00	--	\$ 160.00	\$ 160.00

*Benefit-earning part-time employees regularly scheduled to work 20-29 hours per week receive a pro-rated benefit of 50% of the Employer Contribution levels shown above.

**Benefit-earning part-time employees regularly scheduled to work 20-29 hours per week receive the full VEBA contribution.

***Waiving contribution is calculated by taking the employee-only \$2500 HDHP employer contribution (not including VEBA contribution), minus the employee-only \$2500 HDHP premium cost. This amount will be pro-rated for benefit-earning part-time employees regularly scheduled to work 20-29 hours per week.

DENTAL INSURANCE: Single and/or family coverage

- Single \$ 48.90/month
- EE+Spouse \$ 98.32/month
- EE+Child(ren) \$ 92.44/month
- Family \$ 118.54/month

Employer contributions not used for health care insurance may be applied to dental insurance.

City of St. Paul

MEDICAL PLANS

FOR SINGLE:	\$2500 Deductible Plan				\$35 Copay Choice Plan
Network	PPO	Elect	Park Nicollet ACO	Vantage Plus ACO	PPO
Total Cost	\$627.62	\$584.14	\$565.64	\$565.64	\$802.10
City Contribution	\$621.06	\$584.14	\$565.64	\$565.64	\$398.88
Employee Cost	\$6.56	\$0	\$0	\$0	\$403.22

FOR FAMILY:	\$2500 Deductible Plan				\$35 Copay Choice Plan
Network	PPO	Elect	Park Nicollet ACO	Vantage Plus ACO	PPO
Total Cost	\$1,638.45	\$1,525.57	\$1,477.21	\$1,477.21	\$2,103.98
City Contribution	\$1,449.55	\$1,449.55	\$1,449.55	\$1,449.55	\$748.22
Employee Cost	\$188.90	\$76.02	\$27.66	\$27.66	\$1,355.76

DELTA DENTAL: New Plan Choices

- **Preventive dental is NO LONGER ASSOCIATED with a medical plan election**
- Those with ONLY Preventive will default to the new, stand-alone Preventive plan (City still pays 100%)
- Employees currently enrolled in the Optional plan will default to the Comprehensive plan
- A plan including adult ortho and higher annual benefit coverage will also be offered (Comprehensive Plus)
- All plans include preventive coverage - you only need to enroll in one dental plan

VEBA/HRA – NO CHANGES

A VEBA (Trust) has been established for the City to fund with pre-tax dollars on your behalf. The VEBA allows an HRA (Health Reimbursement Arrangement) to pay for eligible medical expenses for you and your dependents **who are covered under the City health plan**. No other dependent's claims may be reimbursed.

The City contributes to the VEBA/HRA if you elect one of the \$2,500 plan in any networks: **\$75/month (single) or \$45/month (family)** for eligible employees. Additional dollars are available for wellness activities.

City of St. Paul (continued)

2019 City of Saint Paul Dental Plans and Rates	Preventive Only Plan			Comprehensive Plan (includes Preventive)			Comprehensive Plus Plan (includes Preventive)		
	Delta PPO	Delta Premier	Out-of-Network	Delta PPO	Delta Premier	Out-of-Network	Delta PPO	Delta Premier	Out-of-Network
Calendar Year Plan Maximum Per person	\$500	\$500	\$500	\$1,250	\$750	\$500	\$2,000	\$1,000	\$500
Lifetime Orthodontics Per eligible covered person	N/A	N/A	N/A	N/A	N/A	N/A	\$1,500	\$750	N/A
Deductible Per person/per family per calendar year	N/A	N/A	N/A	\$25/person \$75/family	\$50/person \$150/family	\$50/person \$150/family	\$0/person \$0/family	\$25/person \$75/family	\$25/person \$75/family
Diagnostic and Preventive Services Exams, cleanings (2/yr), x-rays, fluoride treatments, space maintainers, sealants, oral hygiene instruction	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services Silver fillings, white fillings on front teeth, emergency treatment for relief of pain	N/A	N/A	N/A	100%	80%	80%	100%	100%	80%
Endodontics	N/A	N/A	N/A	60%	50%	50%	80%	60%	60%
Periodontics	N/A	N/A	N/A	60%	50%	50%	80%	60%	60%
Oral Surgery	N/A	N/A	N/A	60%	50%	50%	80%	60%	60%
Major Restorative Crowns and crown repair	N/A	N/A	N/A	50%	50%	N/A	50%	50%	N/A
Major Restorative White fillings on back teeth	N/A	N/A	N/A	80%	80%	N/A	80%	80%	N/A
Prosthetics, Repairs and Adjustments	N/A	N/A	N/A	50%	50%	N/A	50%	50%	N/A
Orthodontics Adult and child up to Lifetime Max	N/A	N/A	N/A	N/A	N/A	N/A	50%	50%	N/A
Monthly Rates *2 year rate guarantee	Preventive Only			Comprehensive (includes Preventive) No Ortho			Comprehensive Plus (includes Preventive) Adult and Child Ortho		
	Employee Cost			Employee Cost			Employee Cost		
Employee only	\$0.00			\$19.12			\$22.36		
Employee + 1	\$0.00			\$37.54			\$43.98		
Employee + family	\$0.00			\$59.32			\$109.88		

St. Paul Dental Premiums (2019):

	Preventive only	Comprehensive	Comprehensive Plus
Employee only	\$14.96	\$34.08	\$37.32
Employee + 1	\$30.24	\$67.78	\$74.22
Employee + family	\$48.10	\$107.42	\$157.98

The city contribution is the premium minus the employee contribution (see “monthly rates” in table above).

City of Savage

Medical Insurance

	Premium	Employee share	Employer share
Employee only	\$ 593.43	\$ 50.00	\$ 543.43
Employee and spouse	1,481.33	504.20	977.13
Child(ren)	1,037.38	282.22	755.16
Family	1,732.44	594.80	1,137.64

HSA Single ER Contribution	HSA EE/Spouse ER Contribution	HSA EE/Children ER Contribution	HSA Family ER Contribution
\$98.27	\$156.05	\$119.20	\$184.02

Dental Insurance

Dental: Monthly			ER share Single	ER share Family	EE share EE+1	EE share Family
Single	EE+1	Family				
\$42.00	\$81.05	\$110.65	\$100%	\$65.32	\$15.73	\$45.33

City of Shakopee

Medical insurance rates:

2019 Renewal

Traditional Plan

	Passport				Park Nicollet			
	Total	Employer	Employee	Health Sav	Total	Employer	Employee	Health Sav
Employee	660	518	142	-	580	518	62	-
Employee + 1	1,319	935	384	-	1,161	935	226	-
Family	2,103	1,303	800	-	1,851	1,303	548	-

1500/3000 Deductible, Health Savings Account Plan

	Vantage				Park Nicollet/Ridgeview			
	Total	Employer	Employee	Health Sav	Total	Employer	Employee	Health Sav
Employee	530	518	12	750	518	518	-	750
Employee + 1	1,060	935	125	1,500	1,036	935	101	1,500
Family	1,690	1,303	387	1,500	1,652	1,303	349	1,500
	Passport				Elect			
	Total	Employer	Employee	Health Sav	Total	Employer	Employee	Health Sav
Employee	589	518	71	750	548	518	30	750
Employee + 1	1,177	935	242	1,500	1,095	935	160	1,500
Family	1,877	1,303	574	1,500	1,746	1,303	443	1,500

2700/5400 Deductible, Health Savings Account Plan

	Vantage				Park Nicollet/Ridgeview			
	Total	Employer	Employee	Health Sav	Total	Employer	Employee	Health Sav
Employee	490	490	-	750	478	478	-	750
Employee + 1	978	935	43	1,500	957	935	22	1,500
Family	1,560	1,303	257	1,500	1,525	1,303	222	1,500
	Passport				Elect			
	Total	Employer	Employee	Health Sav	Total	Employer	Employee	Health Sav
Employee	544	518	26	750	506	506	-	750
Employee + 1	1,087	935	152	1,500	1,011	935	76	1,500
Family	1,733	1,303	430	1,500	1,612	1,303	309	1,500

Dental insurance rates:

Coverage Level	Monthly Premium	Employer Contribution	Employee Monthly Premium
Single	\$42.00	\$42.00	\$0.00
2-Party	\$89.45	\$42.00	\$47.45
Family	\$127.65	\$42.00	\$85.65

City of White Bear Lake

City of White Bear Lake Insurance Premiums and Contributions for Police Officer 2019

Single				E+1				Family			
	CMM1000	CMM2000	HSA		CMM1000	CMM2000	HSA		CMM1000	CMM2000	HSA
Premium	606.37	554.00	552.57	Premium	1,333.34	1,218.19	1,215.03	Premium	1,695.17	1,548.77	1,544.79
City Contribution	513.21	511.67	535.27	City Contrib	924.20	921.03	972.90	City Contrib	1,147.09	1,143.06	1,209.06
Employee	93.16	42.33	17.30	Employee	409.14	297.16	242.13	Employee	548.08	405.71	335.73

Deferred Insurance 263.00

HSA Contribution

	Annual	Per Month	per pay ppd
Single	600	50	25
Employee + 1	1,200	100	50
Multiple Depends	1,200	100	50



AUTHOR'S NOTE: According to the city, "CMM1000 is a \$1,000 deductible [plan] with \$40 co-pay and 80% coinsurance co-pay for drugs. CMM2000 is a \$2,000 deductible [plan] with office visit deductible, then 80% co-pay for drugs. HSA plan is a \$2,800/5,600 deductible High Deductible plan with 100% coverage after deductible."

Dental premiums were 100 percent employee-paid. The 2019 monthly premiums were \$39.63 for single coverage, \$78.87 for E+1 coverage, and \$118.89 for family coverage.

City of Woodbury

Medical Plan Premium Rates

PEIP HSA Plan	City Contribution*	Employee Wellness		Employee Non-Wellness		HAS Contribution
	Monthly	Monthly	Pay Period	Monthly	Pay Period	Annual Amount (Contributed Biweekly)
Single	\$384.46	\$67.84	\$33.92	\$202.84	\$101.42	\$2,000
Single + Spouse	\$832.26	\$208.06	\$104.03	\$343.06	\$171.53	\$4,000
Single + Children	\$642.10	\$122.30	\$61.15	\$257.30	\$128.65	\$4,000
Family	\$1,194.63	\$487.95	\$243.98	\$622.95	\$311.48	\$4,000

* City contribution for wellness participants.

The monthly city contributions for nonparticipants in the wellness program were \$249.46 (single), \$697.26 (single + spouse), \$507.10 (single + children), and \$1,059.63 (family).

ATTACHMENT A CITY OF WOODBURY 2019 MEDICAL INSURANCE COSTS AND CONTRIBUTIONS

CITY OF WOODBURY PLAN STRUCTURE	MONTHLY PREMIUM	CITY PERCENTAGE	CITY DOLLAR AMOUNT	EMPLOYEE PERCENTAGE	EMPLOYEE DOLLAR AMOUNT - WELLNESS COMPLETION	EMPLOYEE DOLLAR AMOUNT - WELLNESS NON-COMPLETION	ANNUAL CITY CONTRIBUTION TO HRA/VEBA or HSA	MEDICAL INSURANCE WAIVER
PEIP HSA Compatible HDHP - Employee	\$ 452.30	85%	\$ 384.46	15%	\$ 67.84	\$202.84	\$ 2,000.00	189.14
PEIP HSA Compatible HDHP - Employee + Spouse	\$ 1,040.32	80%	\$ 832.26	20%	\$ 208.06	\$343.06	\$ 4,000.00	
PEIP HSA Compatible HDHP - Employee + Children	\$ 764.40	84%	\$ 642.10	16%	\$ 122.30	\$257.30	\$ 4,000.00	
PEIP HSA Compatible HDHP - Family	\$ 1,682.58	71%	\$ 1,194.63	29%	\$ 487.95	\$622.95	\$ 4,000.00	

Difference between 2018 to 2019 Healthpartners Plans

CITY OF WOODBURY PLAN STRUCTURE	MONTHLY PREMIUM COST CHANGE	CITY COST CHANGE	EMPLOYEE DOLLAR COST CHANGE	ANNUAL CITY CONTRIBUTION TO HRA/VEBA or HSA CHANGE	MEDICAL INSURANCE WAIVER
\$35 - Employee	\$ (176.38)	\$ (150.66)	\$ (25.72)	NA	\$189.14
\$35 - Employee + Spouse	\$ (405.66)	\$ (331.31)	\$ (74.35)	NA	
\$35 - Employee + Children	\$ (298.07)	\$ (253.76)	\$ (44.31)	NA	
\$35 - Family	\$ (656.12)	\$ (460.01)	\$ (196.11)	NA	
HDHP VEBA 100% - Employee	\$ (128.41)	\$ (128.40)	\$ (0.01)	\$ 1,822.88	
HDHP VEBA 100% - Employee + Spouse	\$ (295.33)	\$ (248.83)	\$ (46.50)	\$ 3,100.24	
HDHP VEBA 100% - Employee + Children	\$ (217.01)	\$ (171.99)	\$ (45.02)	\$ 3,108.76	
HDHP VEBA 100% - Family	\$ (477.68)	\$ (315.92)	\$ (161.76)	\$ 2,360.92	
HDHP VEBA 80% - Employee	\$ (76.53)	\$ (88.41)	\$ 11.88	\$ 1,343.00	
HDHP VEBA 80% - Employee + Spouse	\$ (175.99)	\$ (149.79)	\$ (26.20)	\$ 1,911.76	
HDHP VEBA 80% - Employee + Children	\$ (129.32)	\$ (107.73)	\$ (21.59)	\$ 2,337.64	
HDHP VEBA 80% - Family	\$ (284.66)	\$ (192.23)	\$ (92.43)	\$ 876.64	

2019 Dental Plan Costs and Contributions

CITY OF WOODBURY PLAN STRUCTURE	PREMIUM	CITY CONTRIBUTION PERCENTAGE	CITY CONTRIBUTION DOLLAR AMOUNT	EMPLOYEE CONTRIBUTION PERCENTAGE	EMPLOYEE CONTRIBUTION DOLLAR AMOUNT	DENTAL INSURANCE WAIVER
Single	\$ 52.08	100.00%	\$52.08	0.00%	\$-	NA
Family	\$130.19	40.00%	\$52.08	60.00%	\$ 78.11	

Minnesota State Patrol

Medical Insurance 2019 Monthly Premiums:

Coverage	Total Premium	Employer Share	Employee Share
Family	\$1,910.62	\$1,689.00	\$221.62
Single	649.72	617.24	32.48

Dental Insurance 2019 Monthly Premiums:

Coverage	Total Premium	Employer Share	Employee Share
Family	\$117.88	\$65.36	\$52.52
Single	39.84	26.34	13.50