



# Open Enrollment 2022 Highlights

Monday, November 1 – Monday, November 15, 2021

## Things to Note:

### Supplemental Life Insurance Plan Enhancements:

- One-Time Special Guarantee Issue Enrollment Opportunity for Active Employees during open enrollment – elect or increase coverage by \$50,000 without evidence of insurability. Coverage will be effective 1/1/2022.
- Supplemental Life maximum allowed amounts have been increased starting in 2022.

### Are you adding a spouse or child this year?

After enrolling a dependent, you must verify their eligibility. We will mail you a letter asking you to submit documentation for your new enrollees. Dependents will not be enrolled for 2022 unless verified by December 23, 2021 (even if they receive a medical &/or dental card).

Documents can be emailed to: [benefits@duluthmn.gov](mailto:benefits@duluthmn.gov)

### **Reminder:**

*You have until 03/01/2022 to submit Flexible Spending Account (FSA) claims for the 2021 calendar year.*

**Open Enrollment for the 2022 calendar year begins Monday, November 1, 2021, and closes at 11:59 p.m. Monday, November 15, 2021\*.**

***No changes will be accepted after the deadline.***

### Checklist for a successful Open Enrollment:

- If you want to make changes to your **medical and/or dental** coverage for 2022, complete the online change form: <https://forms.duluthmn.gov/Forms/openenrollment>
- If you want to **waive medical** coverage for 2022 (even if you waived in 2021), complete the online change form and upload proof of other coverage: <https://forms.duluthmn.gov/Forms/openenrollment>
- If you want to participate in the **Flexible Spending Account** for the 2022 plan year, complete the online enrollment at [BenefitResource.com](http://BenefitResource.com)
  - If you already have an online account with Benefit Resource (BRI), you can use your same login information.
  - If you are new to FSA participation, use the following:  
**Company Code:** *duluthci* and **Member ID:** employee ID with leading zeros to make a nine-digit number.
  - Parking and Transit FSA Options do not require annual enrollment.
- PERA Life** (NCPERS Group Decreasing Term Life Insurance) is also holding open enrollment now. For new enrollees, complete the enrollment form: <https://mybensite.com//mn/enrollmentform.pdf>
- If you elect to make changes to your medical and/or dental plan(s), you can select to receive an email copy of your elections; please review for accuracy. If you elect to participate in any Flexible Spending Account plans, you will receive an email confirmation indicating your 2022 elections. If you see any errors, please contact Human Resources.

### Benefit Cards:

- **Medical Cards** will be issued to **all** enrolled employees in December.
- **Dental Cards** will only be issued to **new** enrollees.
- **FSA Cards** will only be issued to **new** enrollees.

If you are in need of new cards throughout the year, you may log into your online account for Medica or Delta Dental to view or request new cards. Alternatively, you can call customer service and request a new ID card.

## 2022 Medical Plan Premiums – Active Employees

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$980.00	\$490.00
City Contribution – 90% of Single premium		(\$882.00)	(\$441.00)
Employee Contribution – 10% of Single premium		\$98.00	\$49.00
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$98.00)	(\$49.00)
	<b>Remaining Cafeteria Plan Contribution (Taxable Earnings)</b>	<b>\$206.00</b>	<b>\$103.00</b>
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$98.00)	(\$49.00)
	<b>Remaining Cafeteria Plan Contribution (Taxable Earnings)</b>	<b>\$222.00</b>	<b>\$111.00</b>

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$2,410.00	\$1,205.00
City Contribution – 80% of Family premium		(\$1,928.00)	(\$964.00)
Employee Contribution – 20% of Family premium		\$482.00	\$241.00
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$482.00	\$241.00
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	<b>Remaining Employee Responsibility (Pre-Tax Deduction)</b>	<b>\$253.00</b>	<b>\$126.50</b>
Confidential Employees	Employee Responsibility	\$482.00	\$241.00
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	<b>Remaining Employee Responsibility (Pre-Tax Deduction)</b>	<b>\$237.00</b>	<b>\$118.50</b>

Waiver of Health Insurance Coverage**		Monthly	Per Paycheck*
Basic, Fire, Police, LELS & Supervisory Employees	<b>Cafeteria Plan Contribution (Taxable Earnings)</b>	\$304.00	\$152.00
Confidential Employees	<b>Cafeteria Plan Contribution (Taxable Earnings)</b>	\$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.

## 2022 Dental Plan Premiums – Active Employees

	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	\$33.00	\$33.00	\$0	\$64.00	\$33.00	\$31.00
Single + 1	\$68.00	\$33.00	\$35.00	\$114.00	\$33.00	\$81.00
Family	\$114.00	\$33.00	\$81.00	\$180.00	\$33.00	\$147.00

**For part-time employees – please inquire with Human Resources for employer contribution amounts.**

## **Federal regulations require City of Duluth – JPE to provide benefit eligible employees with the following notices:**

### **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Women's Health and Cancer Rights Act**

Under the federal Women's Health and Cancer Rights Act of 1998, you are entitled to the following services:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment for physical complications during all stages of mastectomy, including swelling of lymph glands (lymphedema). Services are provided in a manner determined in consultation with the physician and patient. Coverage is provided on the same basis as any other illness.

### **HIPAA Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within "31 days" after your or your dependents' other coverage ends. This Special Enrollment opportunity is available only if you indicated information regarding your or your dependents' other coverage on your initial enrollment form/waiver. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Human Resources office.

**Notice of Availability of HIPAA Privacy Notice under the Health Insurance Portability and Accountability Act (HIPAA)** health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities. Our original Notice was issued in April 2004 and was distributed to all covered individuals at that time. HIPAA requires that at this time we advise you that a copy of the Privacy Notice is available by contacting Human Resources and requesting a hard copy. If you have any questions on this Notice, please contact your Human Resources representative.

**Medicaid and the Children's Health Insurance Program (CHIP)** If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

### **Minnesota – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1-800-657-3739

### **Wisconsin – Medicaid & CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> Phone: 1-800-362-3002

To see if any other states have a premium assistance program, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## Benefits Open Enrollment

November 1 – 15, 2021\*

\*No changes will be accepted after the deadline.

- All Open Enrollment materials are available online at:  
<https://duluthmn.gov/human-resources/open-enrollment>.

City of Duluth Human Resources  
411 West First Street  
City Hall, Room 340  
Duluth, MN 55802  
218-730-5210

City of Duluth/Duluth Joint Powers Enterprise Trust

# Open Enrollment

November 1 – 15, 2021

Closes at 11:59 p.m. on 11/15/21

All open enrollment materials are available on the Human Resources website.