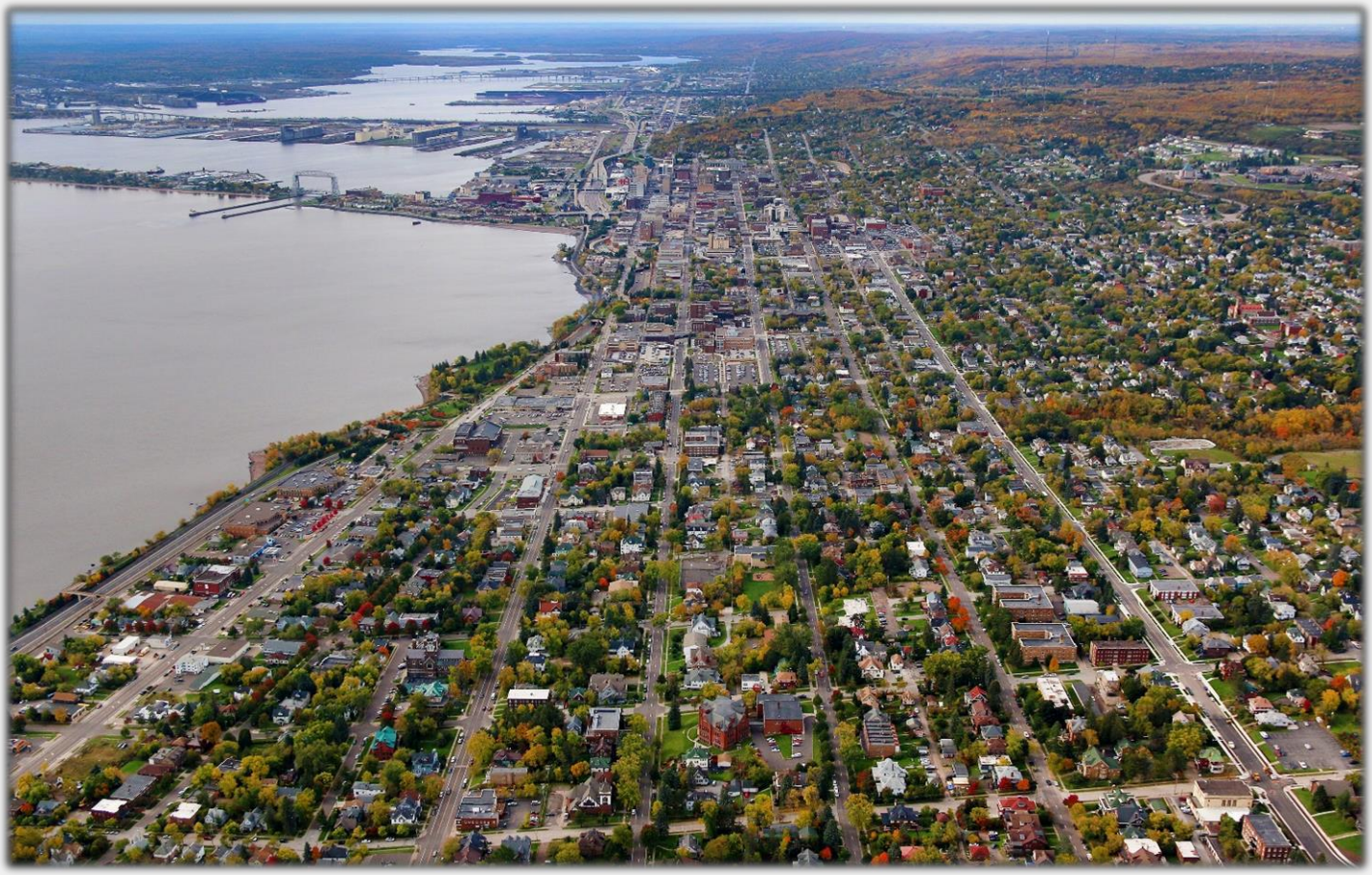

Your

COBRA & Retiree Benefit Guide

January 1, 2023 through December 31, 2023

THE CITY OF DULUTH MINNESOTA

Open Enrollment

Open Enrollment for 2023 begins Tuesday, November 1, 2022, and closes at 11:59 p.m. on Tuesday, November 15, 2022.

The 2023 Open Enrollment is a "passive enrollment". Passive enrollment means that if you are satisfied with your health and dental benefit plan coverage and elections, you do not need to complete the enrollment form. (**Please keep in mind, action is required when a retiree/spouse becomes Medicare eligible. Please see page 3 for more details.**) If you wish to make changes to your coverage or election tier for January 1, you must submit a benefits change form by 11:59 p.m. on Tuesday, November 15, 2022.

If you would like to complete your Open Enrollment form electronically, you can go to:
https://forms.duluthmn.gov/Forms/openenrollnonemp

ID Cards: Current ID cards for medical/Rx and dental will continue to work in 2023. New ID cards will only be issued when adding new dependents, or changing to another plan option (low vs. high dental). If you are in need of new cards, throughout the year, you may log into your online account for Medica or Delta Dental and request new cards. Alternatively, you can call customer service (the number is on your ID card or on page 5 of this booklet) and request a new ID card.

Payment Coupon Books: You should receive new payment coupon books in mid to late December reflecting the new premiums for 2023. Please keep an eye on your mailbox for them. They will be sent directly from Benefit Resource (BRI).

Eligibility – Eligible Dependents include:

- Your legally married spouse;
- Your eligible children under age 26; including stepchildren, foster children, and legally adopted children;
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Qualifying Life Event Changes: The IRS stipulates that changes to your benefit elections can only be made during special enrollment periods for life changing events. During the year, you may change or drop your coverage, or add/remove dependents ONLY in the event you have a change of status.

A qualifying event includes:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in dependent's eligibility status
- Change in place of residence causing a loss of eligibility
- Death of your spouse or child

All qualifying changes must be reported to Human Resources within 31 days of the event; in most cases, supporting documentation will be required, or the change may not be made until the next annual benefit enrollment.

Medicare

Turning Age 65 and Medicare

MEDICARE ELIGIBILITY:
If you or a dependent turn 65 at any time in 2023, you will receive a packet from Medica (approximately 2-3 months prior to your date of birth) which must be completed to maintain coverage. In order to maintain your coverage, post 65, you will need to apply for Medicare Parts A and B, and complete the Medica Prime Solution or Advantage Solution Plan application. Failure to complete all steps will result in a lapse of coverage. If you or a dependent become Medicare eligible before age 65, please notify the City of Duluth Human Resources office.

ADDRESS CHANGES:
As a participating member of the City of Duluth Joint Powers Enterprise Trust benefit programs, it is your responsibility to keep the City of Duluth and benefit providers up to date with contact information such as address and phone numbers. Please keep in mind that permanent address changes may require you to change plans during the year.

The ***Prime Solution Plan*** is for members residing in certain counties in Minnesota and northwestern Wisconsin. This plan allows for members to be out of the area for up to 9 months of the year.

Minnesota Counties Eligible for Prime Solution Plan Coverage:

Aitkin	Goodhue	Koochiching	McLeod	Pine	Rock	Stevens
Carlton	Itasca	Lake	Meeker	Pipestone	Sibley	Traverse
Cook	Kanabec	LeSueur	Mille Lacs	Rice	St. Louis	Yellow Medicine

Wisconsin Counties Eligible for Prime Solution Plan Coverage:

Barron	Douglas	Pierce	St. Croix
Burnett	Dunn	Polk	Washburn

The ***Advantage Solution Plan*** is for members that permanently reside outside of the Prime Solution Plan areas.

Making Careful Choices

Your annual Open Enrollment is the only time you can change benefit plans or add/drop dependents during a plan year, unless you have a qualified status change, so please choose your benefits carefully!

Additional information regarding your benefit plans and Open Enrollment are available at: http://duluthmn.gov/human-resources/employee-benefits.

Any questions, concerns or suggestions regarding these benefits can be directed to Human Resources at 218-730-5210 or emailed to hrinformation@duluthmn.gov or benefits@duluthmn.gov.

Medical Costs

2023 Premiums – COBRA/Retirees Medical Plan Costs

	COBRA	Retiree
Under 65 / Non-Medicare Eligible **Single** Coverage	$1,099.56	$1078.00
Under 65 / Non-Medicare Eligible **Family** Coverage	$2,704.02	$2,651.00
	COBRA	**Retiree**
Medicare Eligible **Single** Coverage	$285.60	$280.00
Medicare Eligible **Retiree + Spouse over 65** Coverage	$571.20	$560.00
Medicare Eligible **1 over 65 / 1 under 65** Coverage	$1,385.16	$1,358.00
Medicare Eligible **Family (at least 1 over 65)** Coverage	$1,890.06	$1,853.00

Note to Retirees: The percentage level of your share of the health care premium cost is not changing. For example, if you are responsible for 50% of your health care premium for 2022, the percentage will be the same for 2023. If your health care premium is fully subsidized, you will not be required to pay any part of the premium in 2023.

2023 Premiums – COBRA/Retirees Dental Plan Costs

	Low Option ($1,000 Annual Benefit)		High Option ($2,000 Annual Benefit)	
	COBRA	**Retiree**	**COBRA**	**Retiree**
Single	$33.66	$33.00	$65.28	$64.00
Single + 1	$69.36	$68.00	$116.28	$114.00
Family	$116.28	$114.00	$183.60	$180.00

Only existing participants are eligible for continued enrollment in 2023.
For example, those no longer participating in dental coverage will not have an opportunity to re-enroll in the dental program.

Contacts

The City of Duluth, in partnership with the following carriers, strives to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier listed below or Human Resources at 218-730-5210 or email to hrinformation@duluthmn.gov or benefits@duluthmn.gov.

CARRIER	CUSTOMER SERVICE	WEBSITE
MEDICAL / RX Medica Non-Medicare Retirees City: 42282 or 42537 Airport: 42283 or 42538 DECC: 42284 or 42539 HRA: 42285 or 42540	800-952-3455	www.MyMedica.com
Medica **Prime Solution Plan** Policy Number: 70187	800-234-8755	www.MyMedica.com
Medica **Advantage Solution Plan** Policy Number: 73157	866-269-6804	www.MyMedica.com
ONLINE CARE Amwell	844-SEE-DOCS (844-733-3627)	https://amwell.com/landing.htm
DENTAL Delta Dental Policy Number: 000405	800-448-3815	www.deltadentalmn.org
COBRA & RETIREE BILLING Benefit Resource (BRI)	866-996-5200	www.BenefitResource.com
MN LIFE/SECURIAN Retiree Life Insurance Policy Number: 28410	800-392-7295	
PERA	800-652-9026	www.mnpera.org
Minnesota State Retirement Systems (MSRS)	800-657-5757	www.msrs.state.mn.us
City of Duluth Human Resources Front Desk Keely Downs, Employee Benefits	218-730-5210 218-730-5197	hrinformation@duluthmn.gov benefits@duluthmn.gov

Notices

Federal regulations require City of Duluth – JPE to provide benefit-eligible employees and retirees 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 "30 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 30 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) Offer Free or Low-Cost Health Coverage to Children and Families.
If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed in the table below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan- as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called "special enrollment" opportunity and you must request coverage within 60 days of being determined eligible premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

To see if any more states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Notices

Premium Assistance Under 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**.

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** 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** or call **1-866-444-EBSA (3272)**.

Following is a list of states you may be eligible for assistance paying your employer health plan premiums as of January 31, 2017. Contact your state for more information on eligibility.

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Where to Call by State for CHIP Information

State	Department	Phone
Alabama	Medicaid	855-692-5447
Alaska	Medicaid	866-251-4861
Arkansas	Medicaid	855-692-7447
Colorado	Health 1st CO	800-221-3943
Florida	Medicaid	877-357-3268
Georgia	Medicaid	404-656-4507
Indiana	Medicaid	877-438-4479
Iowa	Medicaid	888-346-9562
Kansas	Medicaid	785-296-3512
Kentucky	Medicaid	800-635-2570
Louisiana	Medicaid	888-695-2447
Maine	Medicaid	800-442-6003
Massachusetts	Medicaid & CHIP	800-462-1120
Minnesota	**Medicaid**	**800-657-3739**
Missouri	Medicaid	573-751-2005
Montana	Medicaid	800-694-3084
Nebraska	Medicaid	855-632-7633
Nevada	Medicaid	800-992-0900
New Hampshire	Medicaid & CHIP	603-271-5218
New Jersey	Medicaid	609-631-2392
New York	Medicaid	800-541-2831
North Carolina	Medicaid	919-855-4100
North Dakota	Medicaid	844-854-4825
Oklahoma	Medicaid & CHIP	888-365-3742
Oregon	Medicaid	800-699-9075
Pennsylvania	Medicaid	800-692-7462
Rhode Island	Medicaid	401-462-5300
South Carolina	Medicaid	888-549-0820
South Dakota	Medicaid	888-828-0059
Texas	Medicaid	800-440-0493
Utah	Medicaid & CHIP	877-543-7669
Vermont	Medicaid	800-250-8427
Virginia	Medicaid & CHIP	800-432-5924
Washington	Medicaid	800-562-3022
West Virginia	Medicaid	877-598-5820
Wisconsin	Medicaid & CHIP	800-362-3002
Wyoming	Medicaid	307-777-7531

Benefits Open Enrollment
November 1 – 15, 2022*

*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, 2022

Closes at 11:59 p.m. on 11/15/22

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