



Open Enrollment 2024 Highlights

Wednesday, Nov. 1, 2023 – Wednesday, Nov. 15, 2023

Things to Note:

Benefit Cards:

Medical Cards, dental cards, and flexible spending debit cards will only be issued to *new* enrollees.

Online Resources:

MyMedica.com

DeltaDentalMN.org/MyAccount

Your one-stop resource for all kinds of information to help you manage your health and dental plan benefits. Here are just a few of the things you can do: order ID cards, find out what your plan covers, track your claims, find an in-network provider, see what drugs are covered, learn about health and wellness programs, and much more.

Medica –

Member Services Advocate

When you have questions about your health plan benefits, you have a dedicated person to help.

877-347-0250

Open Enrollment for the 2024 calendar year begins Wednesday, November 1, 2023, and closes at 11:59 p.m. Wednesday, November 15, 2023*.

**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 2024, complete the online change form:
<https://forms.duluthmn.gov/Forms/openenrollment>
- ☐ If you want to **waive medical** coverage for 2024 (even if you waived in 2023), complete the online change form and upload proof of other coverage: <https://forms.duluthmn.gov/Forms/openenrollment>
- ☐ **Requires annual enrollment** – if you want to participate in the **FSA** (Flexible Spending Account) for the 2024 plan year, complete the online enrollment at 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) enrollment is also open now. For new enrollees, complete the enrollment form found on the HR page: <https://duluthmn.gov/human-resources/open-enrollment/>
- ☐ 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 2024 elections. If you see any errors, please contact Human Resources.

HR Portal: The City of Duluth uses an HR Portal (also known as esuite) for employees to view paychecks, update your emergency contact information or address, view your vacation accrual, and print W2 and 1095C forms.

In a web browser go to:

<https://suite.duluthmn.gov/> You can use the HR Portal at home as well as your work computer. Employees will have access should they separate/retire to print W2 and/or 1095C.

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 2023 unless verified by December 21, 2023 (even if they receive a medical &/or dental card).

Documents can be emailed to: benefits@duluthmn.gov

2024 Medical Plan Premiums – Active Employees

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$1,105.00	\$552.50
City Contribution – 90% of Single premium		(\$994.50)	(\$497.25)
Employee Contribution – 10% of Single premium		\$110.50	\$55.25
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$110.50)	(\$55.25)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$193.50	\$96.75
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$110.50)	(\$55.25)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$209.50	\$104.75

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$2,717.00	\$1,358.50
City Contribution – 80% of Family premium		(\$2,173.60)	(\$1,086.80)
Employee Contribution – 20% of Family premium		\$543.40	\$271.70
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$543.40	\$271.70
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$314.40	\$157.20
Confidential Employees	Employee Responsibility	\$543.40	\$271.70
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$298.40	\$149.20

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

2024 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	\$34.00	\$34.00	\$0	\$67.00	\$34.00	\$33.00
Single + 1	\$71.00	\$34.00	\$37.00	\$119.00	\$34.00	\$85.00
Family	\$119.00	\$34.00	\$85.00	\$187.00	\$34.00	\$153.00

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**. 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)**.

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
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



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

*Don't forget to attend the 2023 Bridge
to Wellness Health Fair!*

Tuesday, November 14, 2023
At the DECC; FREE Parking!

*Benefit plan providers will be onsite to
answer your questions!*

City of Duluth/Duluth Joint Powers Enterprise Trust Open Enrollment

November 1 – 15, 2023

Closes at 11:59 p.m. on 11/15/23

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

<https://duluthmn.gov/human-resources/open-enrollment>