



Addendum 2
Solicitation 26-AA26
RFP for Employee Benefits Consultant

This addendum serves to notify all bidders of the following changes to the solicitation documents:

The following questions asked are answered in *italics*:

1. Beyond the City's periodic review of service providers, are there any strategic, operational or service-related factors driving this RFP?

Answer: The RFP was issued as standard procedure to ensure the JPE is provided the best services at the lowest cost in fulfilling benefits needs.

2. Who is the incumbent broker, and how long has the firm served in that role?

Answer: Brown & Brown Company (formerly Hays Company) is the incumbent broker and has served in that role since 2018.

3. What opportunities for improvement is the City hoping to address through this RFP with respect to its current benefits consulting provider?

Answer: The Joint Powers Enterprise is seeking an Employee Benefits Consultant to act as a strategic partner in the procurement and administration of employee benefits programs. We are seeking a consultant who can assist with strategic planning; can proactively analyze factors driving plan costs and recommend opportunities to better manage cost, access, and quality; can play a lead role in selecting benefit plans, setting premium rates, and facilitating employee communication; and can facilitate problem solving when complicated issues arise with contracted benefits providers that may require additional assistance.

4. What would success look like in the first 12 months of engagement?

Answer: The successful consultant will proactively provide all services outlined in the Scope of Work.

5. Are any commissions paid to the current broker/consultant? If so, which of your plans is commission paid, and what is the estimated annual amount of commission? Would these commissions be paid to the new broker/consultant?

Answer: Neither the City nor the JPE pay commissions. Any commissions paid by insurers for the placement of JPE's insurance business may offset Broker Service Fees in the amount of such commission payment.

6. Are data and analytics for clinical, rate and strategy development, and financial reporting provided by your carriers, your consultant or internally?

Answer: Financial reporting is provided from all three sources. The city provides monthly reporting to the JPE on claims trends, high dollar claims, and health and dental reserves. The carriers present annual reports to the JPE as well. The JPE is looking for the consultant to provide reporting that goes beyond simply providing numbers by including the context behind the numbers and what the data and analytics are telling us about the plan. The consultant should be prepared to use carrier data and suggest plan strategy based on the analysis of that data.

7. Does the City benchmark benefits vs. comparator organizations today? If so, do you have a list of peer comparators? Do you have a stated goal regarding how you want to compare to peers?

Answer: The JPE currently compares to benchmark averages among peers, not to specific peer entities. The JPE would like the Consultant to identify peer comparators and benchmark benefits against comparator organizations. Consultant would assist in setting a goal regarding how we want to compare to peers.

8. Please describe the role the current broker/consultant plays in the development and release of communications on an annual basis? If possible, please provide sample employee communications/open enrollment materials.

Answer: Consultant assists in developing Open Enrollment materials for the JPE, and the JPE then distributes the materials and handles any enrollment changes. Sample documents to be used for 2027 enrollment are attached to this addendum.

9. Please describe the role the City wants a broker/consultant to play in the development and release of bids. Will they take lead or support the City's procurement team?

Answer: As stated in the RFP, Consultant would take the lead in development and release of bids.

10. Please describe the City's current wellness program/initiatives and any that are being considered.

Answer: The JPE currently supports 1 FTE Wellness Coordinator, who coordinates a comprehensive set of programs to support and incentivize wellness activities. These include a portal where employees can track fitness and health-supporting activities, participate in virtual classes and challenges, and take part in a variety of activities to earn incentives. It also includes fitness classes, a farmer's market, flu shot clinics, an Employee Assistance Program, and a variety of other programs and events to support wellness. Consultant would provide insightful reports from claims and recommendations on cost-effective opportunities to help mitigate driving factors and share any health and wellness information and resources we can share with employees.

11. Does the scope of work for the RFP include an OPEB Valuation Report and Analysis?

Answer: No.

12. Are any of the services outlined in the scope not being provided by the incumbent health consultant at present? If so, which ones are new?

Answer: Services outlined in the scope are similar to what the incumbent consultant provides at present.

13. Can you share your fee structure with your current consultant and the amounts you pay on an annualized basis?

Answer: The current fee is \$95,000 for the year. Per the agreement, the Broker Services Fee shall be fully earned and payable upon JPE's execution and delivery of the Agreement. The fee shall be paid in monthly installments and JPE shall remit payment to the Broker within 30 days of receipt of each invoice.

14. There are two submittals noted in the RFP; the technical submittal and the cost submittal. Can you confirm what is to be included in each of those? Would the cost submittal be answer to any question or comment in section IV-3, and the technical submittal be everything else in the RFP?

Answer: The cost submittal is all those items identified in IV-3.A.i) Itemized Fee Schedule, and any other fees/payments that may be identified in a payment plan or other structure. The payment plan itself should be included in the technical proposal, but without any dollar amounts defined within the technical proposal. The payment plan can be restated with dollar amounts in the cost proposal.

15. Do you require a wet signature on the cover sheet?

Answer: No. Electronic signatures are acceptable.

16. Do you require a wet initial on the addenda?

Answer: No. The addenda is to be acknowledged on Appendix A and electronic signatures are acceptable.

17. If possible, could we be provided with 5 years of detailed Workers Compensation claim runs showing greater detail on injury types, paid and incurred losses, etc. Standard loss runs that the City could obtain from the current Workers Compensation insurance carrier or tpa will suffice.

Answer: This information can be provided to the consultant as part of the review of our Workers Compensation insurance carrier when the current contract is set to expire.

18. For the 1262 retirees and spouses that are on a separate Group Medicare fully insured product, who is the current insurance carrier?

Answer: Medica

19. Is it a Group Medicare Supplement, Group Medicare Cost, or Group Medicare Advantage plan?

Answer: Depending on where the individual resides geographically, the two plans offered include Medica Group Prime Solution w/Rx (Cost) Plan and Medica Group Advantage Solution (PPO) Plan.

20. What does the City of Duluth contribute towards premium for retirees and spouses? The JPE covers City, Airport, DECC and HRA employees.

*Answer: The **City** contributes between 0-100% of the retiree/spouse premium depending on which collective bargaining agreement someone retires from. For those hired prior to 2006/2007, the City subsidy is 5% per year of service. For those hired after that timeframe, the City does not contribute. The **Airport** contributes 90% towards a single premium and 80% towards a family premium for employees hired prior to 2007 and retiring with 15 or more years of service. For those hired 2007 or later, there is no contribution. The **DECC** contributes 90% toward a single premium and 80% toward a family premium for employees meeting eligibility requirements. For those not meeting the requirements, there is no contribution. **HRA** does not contribute toward retiree/spouse premiums.*

21. Is the expectation to renew this product with the existing carrier or seek alternative proposals for 1/1/2028?

Answer: This is something we would explore with the awarded consultant.

22. Within the RFP, section B - Core services vi. Employee Communications – Assist in developing employee communication and related tools. Create and distribute communication pieces directed to employees, including open enrollment information: Could you elaborate or provide more detail on how open enrollment materials are currently provided to employees? Printed materials, website or other technology application? On-site open enrollment meetings provided by broker.....how often and rough guess on how many on-site meetings would be required?

Answer: Open enrollment materials are mailed to employees and retirees. For the upcoming open enrollment, postcards will be mailed to employees directing them where to find more information on the City website. The information mailed to retirees includes an informational document and a benefit change form. Employees will make elections via an online form. Retirees have the online option available to them, but most complete and send back a paper form. We do not currently offer on-site open enrollment meetings but do have benefit providers and HR staff available at the annual health fair, which typically happens within the open enrollment timeline.

Please acknowledge receipt of this Addendum by initialing and dating Addendum #2 on Appendix A – Proposal Cover Sheet, to be submitted with your proposal.

Posted: **October 8, 2026**

Attachments:

2027 Active Employee Postcard

2027 Employee Benefit Guide

2027 Health Fair Flyer

2027 Retiree Benefit Guide



2027 OPEN ENROLLMENT

November 2 - 16, 2026

- ✓ REVIEW YOUR BENEFITS.
- ✓ MAKE YOUR ELECTIONS.
- ✓ MEET THE DEADLINE.

MAKING CHANGES?

To enroll, change, or waive medical and/or dental coverage for 2027, complete the online Open Enrollment form.

PARTICIPATING IN AN FSA?

Flexible Spending Accounts require annual enrollment. If you'd like to participate in a Medical FSA or Dependent Care FSA for 2027, enroll through Benefit Resource (BRI).

ADDING A SPOUSE OR CHILD?

New dependents must be verified with supporting documentation. Verification deadline: **December 18, 2026**

ONLINE RESOURCES

All Open Enrollment Info (premium updates, change form, etc):
duluthmn.gov/human-resources/open-enrollment

Medica: [Medica.com/signin](https://medica.com/signin)

Delta Dental: [DeltaDentalMN.org](https://deltadentalmn.org)

Benefit Resource (FSA): BenefitResource.com



QUESTIONS?

benefits@duluthmn.gov
(218) 730-5210

City of Duluth Human Resources
411 West First Street, Room 340,
Duluth, MN 55802



City of Duluth
411 West First Street,
Duluth, MN 55802
(218) 730-5210

Explore Your Benefits. Get Your Questions Answered.

BRIDGE TO WELLNESS HEALTH FAIR

Wednesday, November 4, 2026 | 9am-1pm
Harbor Side Convention Center of the DECC



Presentations | Flu shots |
Chair massages | & More!

Visit the link below for details:
[duluthmn.gov/bridge-to-wellness/
events-activities/health-fair/](https://duluthmn.gov/bridge-to-wellness/events-activities/health-fair/)

WE LOOK FORWARD TO SEEING YOU!
Free Parking | Valuable Resources | Expert Guidance



2027

EMPLOYEE
BENEFIT GUIDE

WHAT'S INSIDE?

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This benefit guide is designed to provide basic information regarding benefit plans and programs available to eligible employees of City of Duluth. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of City of Duluth, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. City of Duluth reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

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.

MEDICAL / RX

MEDICA NON-MEDICARE RETIREES

City: 42282/42537 | Airport: 42283/42538 | DECC: 42284/42539
| HRA: 42285/42540

(800) 952-3455 | www.medica.com/signin

ONLINE CARE

AMWELL

(844) 733-3627 | amwell.com/landing.htm

DENTAL

DELTA DENTAL Policy Number: 000405

(800) 448-3815 | www.deltadentalmn.org

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ALLONE HEALTH

(800) 451-1834 | allonehealth.com/portal

LIFE | AD&D

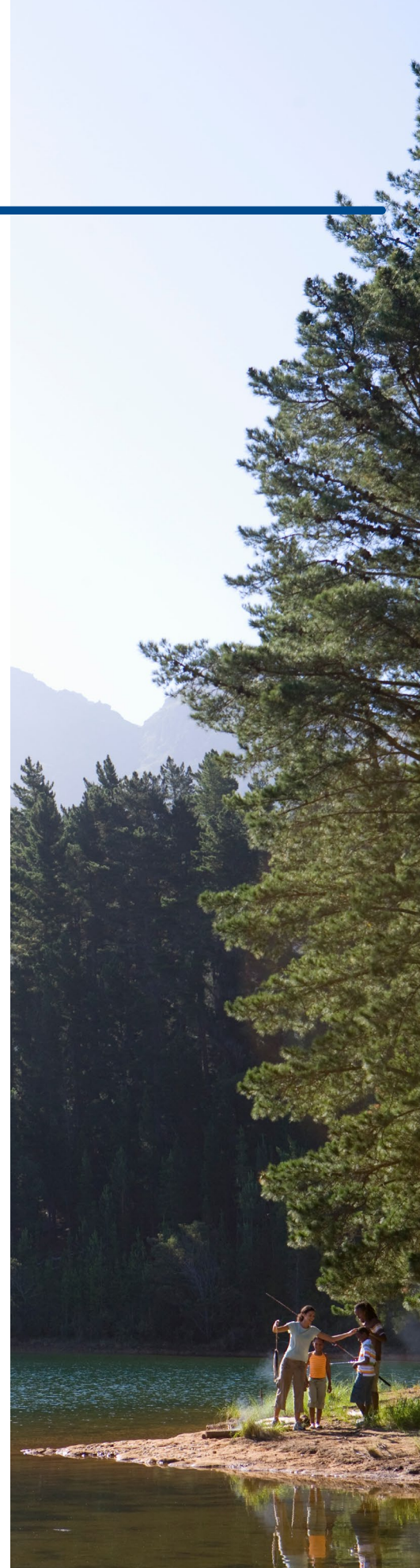
OCHS Policy Number: 28410

(800) 392-7295

FLEXIBLE SPENDING ACCOUNT (FSA)

BENEFIT RESOURCE

(800) 473-9595 | www.benefitresource.com



WELCOME

The City of Duluth Joint Powers Enterprise Trust is committed to offer you a comprehensive and quality benefits package to help you and your family members live healthier, feel secure, and maintain a positive work-life balance. Use this guide to learn more about what we offer!

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!



Eligibility

The collective bargaining agreements determine benefit eligibility. Under the current collective bargaining agreement language, all City of Duluth regular full-time and part-time employees are benefit-eligible.

ELIGIBLE DEPENDENTS ARE:

- 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.

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 enrollee(s). Dependents will not be enrolled for 2027 unless verified by December 18, 2026 (even if they receive a membership card).

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.

OPEN ENROLLMENT

MONDAY, NOVEMBER 2, 2026 - MONDAY, NOVEMBER 16, 2026 AT 4:00 P.M.

If you want to make changes to your medical and/or dental coverage for 2027, complete the online change form: <https://forms.duluthmn.gov/forms/openenrollment>

If you want to waive medical coverage for 2027 (even if you waived in 2026), complete the online change form and upload proof of other coverage: <https://forms.duluthmn.gov/forms/openenrollment>

FSA participation always requires an active enrollment. This means that in order to participate, you must make an election every year. You can enroll in the FSA online at: www.benefitresource.com

- If you already have an online account with Benefit Resource (BRI), you can use your same login information to make elections for the 2027 plan year.
- If you are new to Flexible Spending participation, use the following:
Company Code: duluthci | **Member ID:** employee ID with leading zeros to make a nine-digit number
- Parking and Transit FSA Options do not require annual enrollment.
- For a step-by-step guide to online FSA enrollment, please visit the open enrollment website.

PERA Life (NCPERS Group Decreasing Term Life Insurance) is also holding open enrollment now. For new enrollees, complete the enrollment form by clicking [HERE](#).

If you elect to make changes to your medical and/or dental plan(s), you can download a copy or 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 confirmation indicating your 2027 elections. If you see any errors, please contact Human Resources.

ID Cards

Current ID cards will continue to work in 2027. 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 and request a new ID card.



Be sure to review your January pay stubs as a verification of enrollment. It is your responsibility to ensure that the deductions for your benefit elections are correct. If you find a discrepancy, notify Human Resources immediately.

Deductions for medical premiums, dental premiums, and flexible spending accounts will be made over 24 pay periods. In months that contain a third paycheck, premium deductions and cafeteria plan contributions will not be included on the third paycheck.



When you understand your plan and what comes with it, you're better able to manage your health and your healthcare. Following are the support services and online resources that can provide you valuable resources you need to be healthy and make smart health care decisions.

Preventive Care

Take advantage of preventative care! One of the best ways to take care of yourself is to see your doctor for checkups and regular screenings. Regular exams help catch problems early and save money in the long run. When you see an in-network provider for preventative care services, the plan pays 100% of your eligible costs!

Mymedica.com

Your one-stop resource for health plan information.

- Order ID cards
- Find out what is covered by your plan
- Track your claims
- See covered drugs and costs
- Chat with a nurse online
- Check in-network doctors
- Participate in health and wellness programs!

Medica CallLink

Medica CallLink connects you with advisors and nurses around the clock. When you call, you'll receive trusted answers, information and support for a wide range of health concerns. They will answer your health questions and help you decide what to do if you are sick or injured, have questions about a diagnosis, create a plan for adding healthy habits to your routine, find a doctor, understand how to take medications safely and effectively, and more. Nurses will not share information about your call with your doctor or anyone else. Advisors and Nurses available 24/7, 365 days a year; call **800-962-9497**.

Ovia Health

The mobile app supports you through your entire parenthood journey. The Ovia Health apps offer personalized guidance, support and coaching to help achieve your health goals, from fertility health tracking, to getting pregnant, to navigating pregnancy, postpartum and parental wellness. Ovia Fertility, Ovia Pregnancy and Ovia Parenting app tools are all available from the App Store or Google Play. When signing up with email, choose "I have Ovia Health as a benefit", enter your state, health plan (Medica) and get started.

Medica Behavioral Health

Your mental health is just as important as your physical health. That's why your plan includes coverage for behavioral health services, including mental health and substance abuse care. Medica Behavioral Health staff can help you get the right care when you need it, 24 hours a day, and your call is confidential. The large network includes providers who practice at all levels of counseling and treatment. Call Medica Behavioral Health at **800-848-8327** or visit [Medica.com/findadoctor](https://www.medicabehavioral.com/findadoctor).

Live & Work Well

If you need extra help and support, Live and Work Well can help. With Live and Work Well, you'll find health resources and personalized support services to help you and those you care about find the balance, support and care to live the healthiest life possible.

The Live and Work Well site is available 24/7 for confidential access to professional care, self-help programs and a variety of helpful information. You can:

- Get personalized assistance for the big events in your life.
- Browse information and resources, and get referrals, to help balance work and your personal life.
- Find answers to questions about behavioral health and medical concerns to help you deal with stress, depression, anxiety and other conditions.

Visit [LiveAndWorkWell.com](https://www.LiveAndWorkWell.com) and enter the access code **MEDICA**. Call **(800) 848-8327**.

SAVE TIME AND CONNECT WITH A PROVIDER ONLINE

Virtual care, also known as online care or an e-visit, is a quick, cost-effective and easy way for members to get care for non-urgent matters, including common medical conditions such as:

- Allergies
- Bladder infection
- Bronchitis
- Cold and cough
- Ear pain
- Flu
- High blood pressure
- Migraines
- Pink eye
- Rashes
- Sinus infection
- Other non-urgent, common health conditions

ACCESS TO A DOCTOR 24/7

Amwell is a virtual care clinic available to members in all states anytime, day or night. You can talk to a doctor in minutes with no appointment or long wait times. It's a great option when your primary care doctor is not available, you are traveling, or you want fast, real-time, non-emergency care.

BENEFITS

Save time – avoid a trip to the doctor's office and get care from the comfort of your home, work or wherever you are.

Get care for non-urgent medical conditions when you need it – visits are available 24/7.

Save money – a virtual care visit typically costs less than a regular visit to the doctor's office, depending on your plan.

BEHAVIORAL HEALTH SERVICES

You can also get behavioral health care services through Amwell, including therapy and psychiatry. With virtual behavioral health care, you get the same care and attention you'd expect from an in-office visit, plus the visits can be scheduled at a time that is convenient for you. Eligible services are covered under your plan as a behavioral health office visit.

WITH AMWELL

- Receive care from a board-certified doctor or nurse practitioner.
- Get help for many common medical conditions.
- Access behavioral health care services, including therapy and psychiatry.

MEDICAL PLAN BENEFITS (IN & OUT-OF-NETWORK)	
COVERED SERVICES	
Annual Deductible Single Family	\$250 \$500
Coinsurance	Plan pays 80%
Out-of-Pocket Maximum Single Family	\$1,250 \$2,500
OFFICE VISITS	
Primary Care Office Visit / Specialist Visit / Chiropractor Visit / Urgent Care	You pay 20% after deductible
Virtual Online Care (Ex: Amwell & Virtuwell)	No Charge
Convenience Care (Ex: QCare)	No Charge
Preventive Care	No Charge
Prenatal and Postnatal Care	No Charge
PRESCRIPTION DRUGS	
Retail Pharmacy (34-day supply or 100 units) Prior Authorization for some drugs may be required	
Generic	No charge
Formulary Brand	\$15 copay
Non-Formulary Brand	You pay 30% (\$30 min / \$100 max)
Specialty Drugs	You pay 30% (\$30 min / \$100 max)
HOSPITAL SERVICES	
Emergency Room	You pay 20% after deductible
Ambulance	You pay 20% after deductible
Inpatient Hospital Services	You pay 20% after deductible
Facility/Physician Services	You pay 20% after deductible
Outpatient Services	You pay 20% after deductible
OTHER SERVICES	
Home Health Care	You pay 20% after deductible
Behavioral Health / Substance Abuse	You pay 20% after deductible
Durable Medical Equipment	You pay 20% after deductible

Medica Choice® Passport

NATIONAL NETWORK

Medica Choice Passport is a national network with hundreds of thousands of providers throughout the country.

WHAT ARE THE FEATURES?

- One of the largest networks in the nation.
- Nationwide coverage when you travel.
- No referrals needed.

WHAT'S UNIQUE?

In addition to your plan coverage, this network includes:

- **Providers from many different care systems and hospital affiliations.** You'll have access to a wide range of doctors and facilities across the country.
- **Nationwide coverage.** No matter where you live in the U.S., you have access to network providers. And you're covered when you travel, too.
- **Direct access to specialists.** See any provider in the network without a referral.

PREMIUMS			
SINGLE COVERAGE		MONTHLY	PER PAYCHECK*
Total Single Premium		\$1,308.00	\$654.00
City Contribution – 90% of Single Premium		(\$1,177.20)	(\$588.60)
Employee Contribution – 10% of Single Premium		\$130.80	\$65.40
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less Employee Responsibility	(\$130.80)	(\$65.40)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$173.20	\$86.60
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less Employee Responsibility	(\$130.80)	(\$65.40)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$189.20	\$94.60
FAMILY COVERAGE		MONTHLY	PER PAYCHECK*
Total Family Premium		\$3,216.00	\$1,608.00
City Contribution – 80% of Family Premium		(\$2,572.80)	(\$1,286.40)
Employee Contribution – 20% of Family Premium		\$643.20	\$321.60
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$643.20	\$321.60
	Less Cafeteria Plan Contribution	(229.00)	(\$114.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$414.20	\$207.10
Confidential Employees	Employee Responsibility	\$643.20	\$321.60
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$398.20	\$199.10
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.

WELLNESS

Bridge to Wellness

WELLNESS INCENTIVE PROGRAM

The goal of our Bridge to Wellness program is to improve the overall wellbeing of employees through a variety of activities and educational opportunities. We recognize one size does not fit all when it comes to wellbeing, and we continue to grow our opportunities to embrace all aspects of wellbeing: Physical, Mental, Social, Intellectual, Environmental, Financial, and Spiritual. We hope that you will find one or more ways to participate and feel supported in your health and wellbeing.

The purpose of the points-based incentive program is to encourage participation in activities, programs, lifestyle choices, and preventative care that will help us lead healthy lives. Participation in the Bridge to Wellness Program is completely voluntary and will not impact your health insurance or your employment. The intent is purely to reward healthy behaviors and enhance your experience as an employee. This is a FREE program for you to participate in to receive extra cash for making healthy choices!



WHO CAN PARTICIPATE?

Actively enrolled employees are encouraged to participate and earn as many points as you are able. Again, this program is voluntary and will not impact your employment or health insurance; it is simply an added benefit to your employment.

HOW DO I ENROLL?

The program for 2027 begins January 1 and ends December 31. You can enroll [here](#) in the program at any time and start tracking immediately.

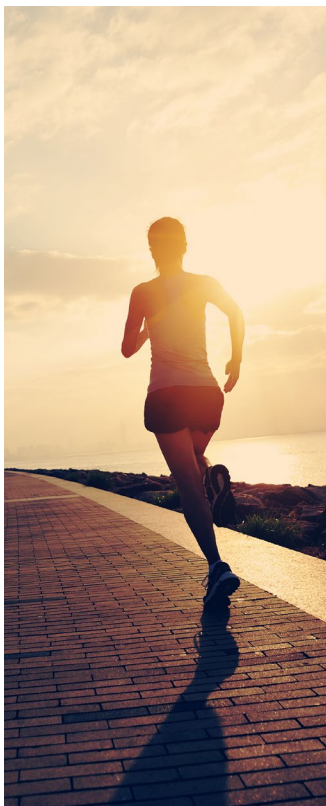
WHAT TYPES OF PROGRAMS ARE AVAILABLE?

Whether you are looking to improve your sleep quality or curious about fiscal fitness, we aim to provide something for everyone. Our Wellbeing program includes lifestyle programs such as Omada and Diabetes Prevention Programs, lunch & learns, fitness classes, fun movement and nutrition challenges, stretching/injury prevention, ergonomics, and more.

WHAT CAN I EARN?

In addition to the positive side-effects of living a healthy life, when you participate in the Bridge to Wellness program, you can earn anywhere from \$150-\$500, in addition to Medica's \$225!

For Wellbeing questions, contact Wellness Coordinator, Angel Hohenstein
Call: (218) 730-5201 | Email: ahohenstein@duluthmn.gov



Omada®

A flexible behavioral change program designed to help people who are at risk for type 2 diabetes or heart disease, or living with diabetes, develop healthy habits that stick. See if you are eligible for the Omada program by visiting www.omadahealth.com. You'll take lessons online, get your own professional health coach, and be matched with a group of peers for support. You can log in anytime, from anywhere. Best of all, if you're eligible, our health plan will cover the entire cost of the program – a \$600 value. Jump on it!

Omada® for Joint & Muscle Health

Omada's science-based approach helps you find the motivation you need to shift your mindset and change your health—both mentally and physically—to remove the barriers between you and recovery.

WHAT YOU'LL GET:

- Licensed physical therapists
- Treatment from head to toe
- Appointment within 48 hours

It only takes a few minutes to get started: omadahealth.com/medica-pt

Launch My Health

Nutrition education program that offers Netflix-style Digital Courses with videos, how-to steps, and recipes! Nutrition Courses support your goals: Inflammation control; Gut health; Chronic disease prevention and management; Women's hormones; Prenatal nutrition; Brain health and longevity. Culinary Courses take your skills to the next level, whether you're a novice or renown foodie! Courses available to the household!

VIRTUAL EVENTS

Live and interactive! Enroll here: launchmyhealth.com/city-of-duluth/ using the password: **duluth**

Wellness Coaching

Wellness coaching works as a partnership to assist you to complete goals, act more consistently, and dream bigger. No matter where you are or when you want to start. This is a benefit for you to be the best version of you! All wellness coaching is done telephonically and can be scheduled anytime of the day. Wellness coaching is FREE and available through AllOne Health EAP. Contact AllOne at **(800) 451-1834** or online allonehealth.com/portal

Subscribe! – Weekly Wellness Emails

If you would like to receive information about upcoming wellness events and wellness tips on a weekly basis, you can subscribe to a weekly email through the Bridge. You can also find all the latest information about Lunch and Learns, events, trainings, upcoming challenges, and more on the Bridge. Visit the employee portal: <http://bridge/>, or go through the City of Duluth website: www.duluthmn.gov/bridgeto-wellness/

The City of Duluth offers two dental plans 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.

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%

PREMIUMS	LOW OPTION (\$1,000 ANNUAL BENEFIT)			HIGH OPTION (\$2,000 ANNUAL BENEFIT)		
COVERAGE	MONTHLY PREMIUM	CITY CONTRIBUTION	EMPLOYEE CONTRIBUTION	MONTHLY PREMIUM	CITY CONTRIBUTION	EMPLOYEE CONTRIBUTION
Single	\$37	\$37	\$0	\$71	\$37	\$34
Single +1	\$75	\$37	\$38	\$126	\$37	\$89
Family	\$126	\$37	\$89	\$199	\$37	\$162

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

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

FLEXIBLE SPENDING ACCOUNTS

BRI

Flexible Spending Accounts, known as FSAs, are a great way to save on predictable medical, dental, and vision costs – even dependent daycare expenses. These tax-advantaged accounts allow you to save a portion of your pre-tax earnings, lower your taxable income, and reimburse yourself for the expenses you know you will incur.

During your annual enrollment period, you decide how much you want to contribute, and a pro-rated portion is taken out of your paycheck each pay period. Once you incur expenses, you can access your funds conveniently with your Benefit Resource (BRI) debit card.

You have four account options available for contributions – a health care FSA, a dependent care FSA, and transportation expense FSA options for parking expenses and bus/vanpool expenses. Each type of account offers different benefits and operates under similar guidelines.

Health Care FSA

Health care expenses for yourself and your dependents – such as deductibles, coinsurance, co-pays, dental services & orthodontia, eye glasses, contact lenses, and other health-related expenses that are not reimbursed by the insurance plans, are eligible for reimbursement from your Health Care FSA. **The annual limit for 2027 is \$3,500.00.**

For a comprehensive list of FSA eligible items, review:
<https://www.benefitresource.com/eligibilitylist/>

Dependent Care FSA

This program lets you use pre-tax funds for qualified dependent care, like daycare or elder care. **The annual limit for 2027 is \$7,500 (or \$3,750 if married and filing separately).** Some examples:

- Day camp (if primarily custodial and not educational in nature)
- Dependent care necessary for you and your spouse to work or attend school full time
- Care for children under age 13 or for elderly dependents who reside with you
- Nanny expenses, late pick-up fees

Transportation Expense FSA

If you have work related parking or transit expenses, you may choose to enroll in the Parking Expense Account (PKEA) or Bus/Vanpool Expense Account (BVEA). **The monthly limit for each transportation account in 2027 is \$350.00.**

USE IT OR LOSE IT!

Plan your contributions carefully. FSA funds can only be used for expenses that are incurred during the plan year (January 2027 through December 2027). You may file claims for those funds up to 60 days after the plan year. Any dependent care FSA funds not used are forfeited. **The Health Care FSA allows a \$700.00 carryover (from 2026 to 2027)** but any unused Health Care FSA amount above \$700.00 is forfeited.

Filing a Claim for Reimbursement

To file a claim for reimbursement, you have several options:

1. You can use your debit card which works similar to a bank debit card; receipts will still be needed.
2. You complete a Request for Reimbursement Form and submit it with itemized receipts to Benefit Resource (BRI).
3. You can go online to submit your claim and to learn more about your account.

The City of Duluth offers to all employees and their families a full-service Employee Assistance Program (EAP). Looking for help for a personal or family concern? Looking for a resource to assist you with a substance abuse problem or stressful situation at work? Need someone to talk to about financial issue or legal troubles?

Challenges arise in our lives that may negatively impact us both at home and in the workplace. We encourage you to seek confidential assistance and support through your EAP. **This service is offered at no cost to you.** Speak with a licensed counselor when you call day or night, 24/7/365.



SEEK HELP WITH:

- Relationship concerns
- Work-related issues
- Alcohol and chemical use problems
- Coping with loss/grief
- Depression, anxiety, suicidal thoughts
- Financial/debt/gambling problems
- Parenting/Eldercare questions

CALL (800) 451-1834

Identify yourself as a City of Duluth employee and an EAP counselor will assist you.

24-HOUR TELEPHONE CRISIS INTERVENTION

Should an emergency occur, help is available 24 hours/day and 7 days/week, including weekends and holidays. You will speak with a licensed counselor.

WELLNESS COACHING

Wellness Coaching is available to you and your dependents (18 yr. of age or older). A Wellness coach can help you achieve your personal wellness goals.

PROFESSIONAL

All of the AllOne Health counselors are highly trained, experienced, and licensed. Financial counselors, legal consultation services, and eldercare specialists are also part of the EAP service network.

FAMILY COVERAGE

Dependents of employees are eligible for EAP services. This includes college students living away from home.

Use of these services is 100% private and confidential.

Supplemental Life Insurance and
Accidental Death & Dismemberment (AD&D)

MINNESOTA LIFE ELIGIBILITY

The collective bargaining agreements determine benefit eligibility. Under current collective bargaining agreement language, all City of Duluth regular full-time and part-time employees are benefit-eligible. Eligible dependents include your legally married spouse and eligible children up to age 26. Please refer to your CBA for contract-specific eligibility language.

EMPLOYEE

Elect up to \$750,000 of life coverage with matching AD&D. Choose your coverage in \$5,000 increments. Evidence of insurability is required.

SPOUSE

Elect up to \$250,000 of life coverage with matching AD&D. Choose your coverage in \$2,500 increments; subject to a minimum of \$5,000. Evidence of insurability is required. A spouse is ineligible if he/she is eligible as an employee of the City.

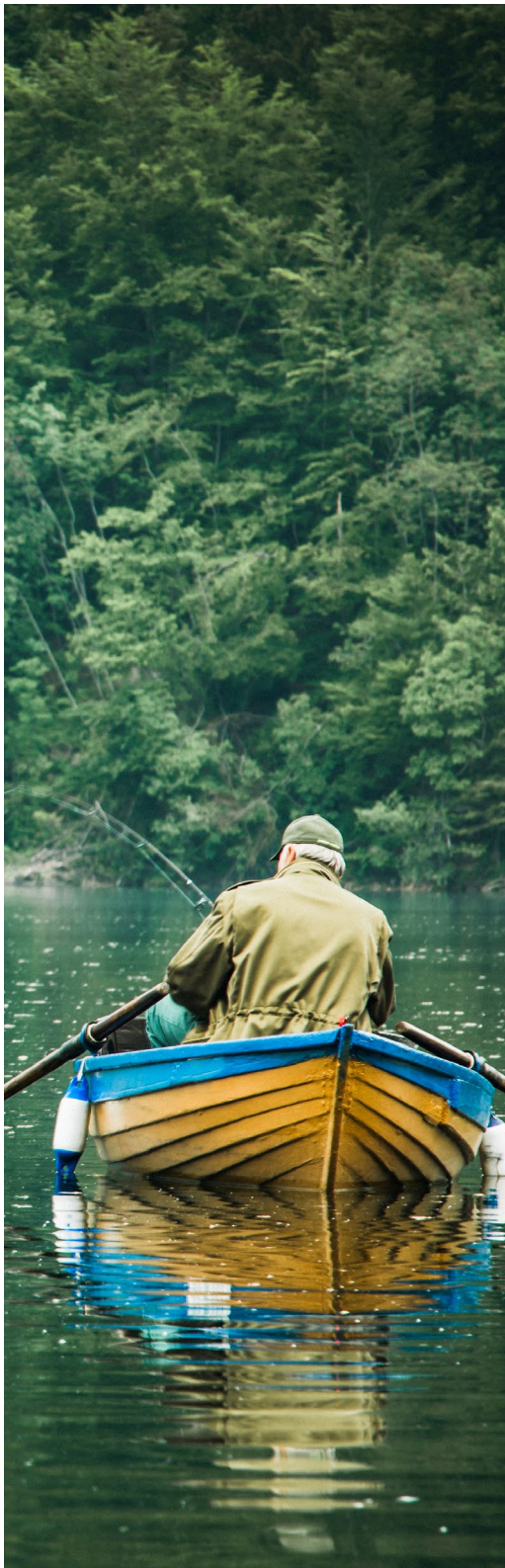
CHILD

Choose a flat benefit of \$10,000 (\$1.30/month) or \$15,000 (\$1.95/month). One premium covers all eligible children from birth to age 26. Evidence of insurability is required.

EMPLOYEE & SPOUSE TERM LIFE AND AD&D	
AGE	MONTHLY COST PER \$1,000
<25	\$0.10
25-29	\$0.10
30-34	\$0.12
35-39	\$0.12
40-44	\$0.18
45-49	\$0.28
50-54	\$0.48
55-59	\$0.78
60-64	\$0.86
65-69	\$1.66
70-74	\$3.00
75+	\$3.00



RETIREMENT BENEFITS



PERA

The Public Employee's Retirement Association (PERA) is a retirement system that provides benefits for eligible employees of county and local governments in Minnesota. Both you and the City make contributions to the retirement system.

The current PERA member handbooks are available at www.mnpera.org.

457 Deferred Compensation Plans

457 Plans are voluntary savings plans intended for long-term investing for retirement. Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time.

A 457 Plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Saving to your 457 Plan can help you maintain your desired standard of living.

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. You are also able to make after-tax Roth contributions which allow for potentially tax-free earnings.

The City of Duluth offers four deferred compensation plans to choose from.

Health Care Savings Plan

The HCSP is an employer-sponsored program authorized by Minnesota State Statute 352.98. Employees invest in a tax-free medical savings account while employed by a Minnesota public employer. After you leave employment, you can access the money in your HCSP account, regardless of your age, to reimburse eligible medical expenses incurred by you, your spouse, legal tax dependents and adult children up to age 26. The HCSP is a reimbursement account. You are responsible for paying your provider and then with proper documentation of the expense, can request reimbursement from the account. Reimbursements are always paid to you, not to the provider.

NOTES





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 2026 BRIDGE TO WELLNESS HEALTH FAIR!

Wednesday, November 4, 2026 in the Harbor Side Convention Center of the DECC from 9:00am-1:00pm; FREE Parking!

Benefit plan providers will be onsite to answer your questions!

<https://duluthmn.gov/bridge-to-wellness/events-activities/health-fair/>

Explore Your Benefits. Get Your Questions Answered.

BRIDGE TO WELLNESS HEALTH FAIR

Wednesday, November 4, 2026 | 9am-1pm
Harbor Side Convention Center of the DECC



Join us for the annual Bridge to Wellness Health Fair and connect with the benefit providers and wellness partners available to you.

We are pleased to present the following at the Health Fair:

- Breakout sessions
- Yoga & Martial Arts Demos
- Chair Massages
- Exhibitors - addressing a variety of wellness needs
- Flu Shots - ages 3 & older
- Fitness Evaluations
- And more!



Visit <https://duluthmn.gov/bridge-to-wellness/events-activities/health-fair/> for details.

WE LOOK FORWARD TO SEEING YOU!

FREE PARKING • VALUABLE RESOURCES • EXPERT GUIDANCE

OPEN ENROLLMENT IS JUST AROUND THE CORNER

Open Enrollment for the 2027 plan year runs:
November 2 - November 16, 2026

Attending the Health Fair is a great way to gather information, compare options, and make informed benefit decisions before enrollment closes.





2027

COBRA/RETIREE BENEFIT GUIDE

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WHAT'S INSIDE?

- 2 BRIDGE TO WELLNESS
- 3 OPEN ENROLLMENT
- 4 WELCOME
- 5 MEDICARE
- 6 PREMIUM COSTS
- 7 CONTACTS



OPEN ENROLLMENT

MONDAY, NOVEMBER 2, 2026 - MONDAY, NOVEMBER 16, 2026 AT 4:00 P.M.

The 2027 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. If you wish to make changes to your coverage or election tier for January 1, you must submit a benefit change form by 4:00 p.m. on Monday, November 16, 2026.

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

If you are adding a spouse over the age of 65 during open enrollment, they must enroll in the Medicare Plan, which will require an additional enrollment application. Human Resources will follow up related to this after open enrollment closes.

WELCOME

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.



ID Cards

Current ID cards for medical/Rx and dental will continue to work in 2027. New ID cards will only be issued when adding new dependents or changing to another plan option (low vs. high dental). If you need 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 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 2027. Please keep an eye on your mailbox for them. They will be sent directly from Benefit Resource (BRI).

MEDICARE

Medicare Eligibility:

If you or a dependent turn 65 at any time in 2027, 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.

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:

<https://duluthmn.gov/human-resources/employee-benefits/benefits-overview/>.

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

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

WISCONSIN COUNTIES ELIGIBLE FOR PRIME SOLUTION PLAN COVERAGE:

- | | |
|-------------|------------|
| • Barron | • Burnett |
| • Douglas | • Dunn |
| • Pierce | • Polk |
| • St. Croix | • Washburn |

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

PREMIUM COSTS

Medical

2027 PREMIUMS – COBRA/RETIREE MEDICAL PLAN COSTS		
UNDER 65 / NON-MEDICARE ELIGIBLE	COBRA	RETIREE
Single	\$1,334.16	\$1,308.00
Family	\$3,280.32	\$3,216.00
MEDICARE ELIGIBLE	COBRA	RETIREE
Single	\$332.52	\$326.00
Retiree + Spouse over 65	\$665.04	\$652.00
1 over 65 / 1 under 65	\$1,666.68	\$1,634.00
Family (at least 1 over 65)	\$2,278.68	\$2,234.00

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 2026, the percentage will be the same for 2027. If your health care premium is fully subsidized, you will not be required to pay the premium in 2027.

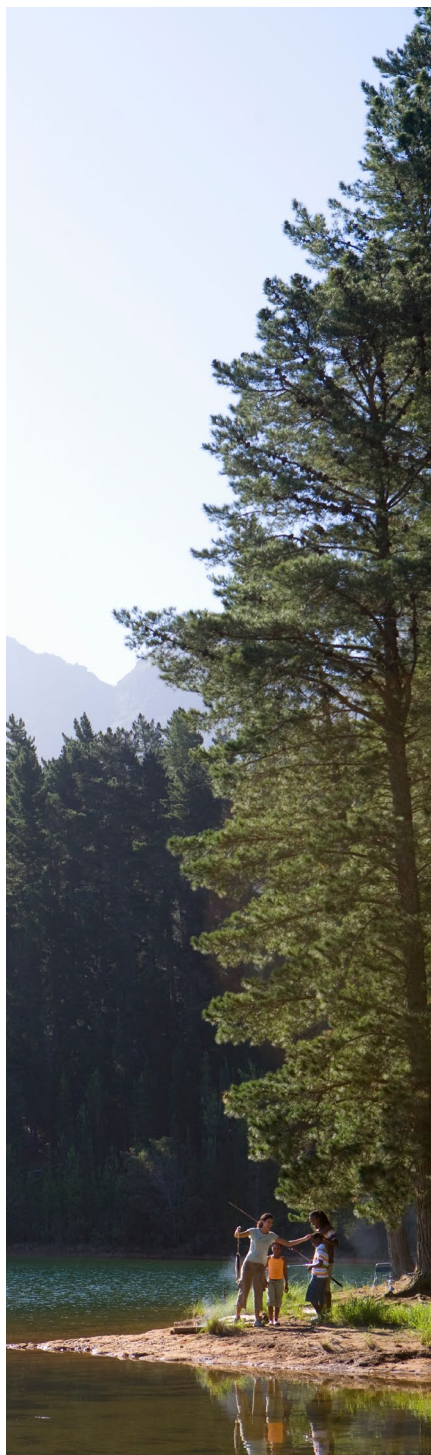
Dental

2027 PREMIUMS – COBRA/RETIREE DENTAL PLAN COSTS		
LOW OPTION (\$1,000 ANNUAL BENEFIT)	COBRA	RETIREE
Single	\$37.74	\$37.00
Single + 1	\$76.50	\$75.00
Family	\$128.52	\$126.00
HIGH OPTION (\$2,000 ANNUAL BENEFIT)	COBRA	RETIREE
Single	\$72.42	\$71.00
Single + 1	\$128.52	\$126.00
Family	\$202.98	\$199.00

Only existing participants are eligible for continued enrollment in 2027. 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.



MEDICAL / RX

MEDICA NON-MEDICARE RETIREES

City: 42282/42537 | Airport: 42283/42538 | DECC: 42284/42539 |
HRA: 42285/42540

(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) 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

RETIREE LIFE INSURANCE

MN LIFE/SECURIAN Policy Number: 28410

(800) 392-7295

PERA

(800) 652-9026 | www.mnpera.org

MINNESOTA STATE RETIREMENT SYSTEMS

(800) 657-5757 | www.msrs.state.mn.us



City of Duluth
411 West First Street,
Duluth, MN 55802
(218) 730-5210

**Important
Benefit
Information
Enclosed**

2027

COBRA/RETIREE BENEFIT GUIDE

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This benefit guide is designed to provide basic information regarding benefit plans and programs available to eligible employees of City of Duluth. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of City of Duluth, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. City of Duluth reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.