

Employee Benefit Guide

Plan Year
2026



Open Enrollment

Open Enrollment for the 2026 calendar year begins Monday, November 3, 2025, and closes Monday, November 17, 2025.

If you wish to make changes to your coverage or election tier, you must submit an online Open Enrollment form by 4:00 p.m. on Monday, November 17, 2025. **No changes will be accepted after the deadline.**

- ☐ If you want **to make changes to your medical and/or dental** coverage for 2026, complete the online change form: <https://forms.duluthmn.gov/forms/openenrollment>
- ☐ If you want **to waive medical** coverage for 2026 (even if you waived in 2025), 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 2026 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 Human Resources open enrollment website.
- ☐ **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 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 2026 elections. If you see any errors, please contact Human Resources.

ID Cards: Current ID cards will continue to work in 2026. 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 4 of this booklet) 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.



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!

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 2026 unless verified by December 19, 2025 (even if they receive a membership card).

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!

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 or 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 or a change in child custody
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility
- Significant change in the cost of dependent care (only for the dependent care FSA)
- Death of your spouse or child



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

This overview is published for employees of the City of Duluth, and is only a highlight of your benefits. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancy exists between this bulletin and any of the official documents, the official documents will prevail.

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.

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
<u>MEDICAL / RX</u> Medica Non-Medicare Policy Numbers: 42282 City of Duluth 42283 Airport 42284 DECC 42285 HRA	800-952-3455 Customer Service	www.medica.com/signin
<u>ONLINE CARE</u> Amwell	800-SEE-DOCS (800-733-3627)	www.amwell.com/com
<u>Dental</u> Delta Dental Policy Number: 000405	800-448-3815	www.deltadentalmn.org
<u>Employee Assistance Program (EAP)</u> AllOne Health	888-243-5744	www.https://sandcreek.mylifeexpert.com/
<u>Life / AD&D</u> Minnesota Life, administered by Ochs Policy Number: 28410	800-392-7295	
<u>Flexible Spending Account (FSA)</u> Benefit Resource	800-473-9595	www.benefitresource.com
<u>City of Duluth Human Resources</u> Front Desk Keely Downs, Senior Benefits Specialist	218-730-5210 218-730-5197	hrinformation@duluthmn.gov benefits@duluthmn.gov

Benefits

Your Benefit Choices

The City of Duluth Joint Powers Enterprise Trust provides a healthy variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you choose them. Review the guide below to see which benefits you need to make a successful program designed for you and your family.

Benefits	Benefits Eligibility
Medical and Prescription	1 st of the month following date of hire; make changes during open enrollment or within 31 days of a qualifying event
Dental • Low Option • High Option	1 st of the month following date of hire; make changes during open enrollment or within 31 days of a qualifying event
Basic Life – Employer Paid	1 st of the month following date of hire
Supplemental Life/AD&D	Enroll any time; evidence of insurability is required
Flexible Spending Accounts • Medical • Dependent Care	1 st of the month following date of hire; make changes during open enrollment or within 31 days of a qualifying event



Medical Plan Benefits

Covered Services		In and Out of Network
Annual Deductible	Single	\$250
	Family	\$500
Coinsurance		Plan pays 80%
Out-of-Pocket Maximum	Single	\$1,250
	Family	\$2,500
Office Visits		
Primary Care Office Visit Specialist Visit Chiropractor Visit Urgent Care		You pay 20% after deductible
Virtual Online Care (Ex: Amwell & Virtuwel)		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

The above is a listing of the main services of your plan. For a detailed and complete listing, please refer to your plan documents.

Medical Premiums



2026 Premiums – Active Employee Medical Plan Costs

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$1,200.00	\$600.00
City Contribution – 90% of Single premium		(\$1,080.00)	(\$540.00)
Employee Contribution – 10% of Single premium		\$120.00	\$60.00
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$120.00)	(\$60.00)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$184.00	\$92.00
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$120.00)	(\$60.00)
	Remaining Cafeteria Plan Contribution (Taxable Earnings)	\$200.00	\$100.00

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$2,950.00	\$1,475.00
City Contribution – 80% of Family premium		(\$2,360.00)	(\$1,180.00)
Employee Contribution – 20% of Family premium		\$590.00	\$295.00
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$590.00	\$295.00
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$361.00	\$180.50
Confidential Employees	Employee Responsibility	\$590.00	\$295.00
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	Remaining Employee Responsibility (Pre-Tax Deduction)	\$345.00	\$172.50

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.

Medica

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. Here are just a few of the many things you can do on mymedica.com: Order ID cards, Find out what is covered by your plan, track your claims, see which drugs are covered and how much they cost, chat with a nurse online, check to see if a doctor or other health care provider is in your plan's network, learn about and participate in fun and effective health and wellness programs!

Ovia Health 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 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.



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 1-800-848-8327 or visit [Medica.com/findadoctor](https://www.medicacom/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 1-800-848-8327

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.

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

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. Visits are \$59 or less depending on your plan.

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.**



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 2026 begins January 1 and ends December 31. You can enroll [here](#) in the program at any time and start tracking immediately. Please contact Wellness Coordinator, Angel Hohenstein, at 218-730-5201 or ahohenstein@duluthmn.gov with any questions.



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!



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:** <https://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 Sand Creek EAP.

Contact Sand Creek at 888-243-5744 or online <https://sandcreek.mylifeexpert.com/>

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: <http://www.duluthmn.gov/bridge-to-wellness/>

For any and all Wellbeing questions, please contact Wellness Coordinator, Angel Hohenstein at 218-730-5201 or email ahohenstein@duluthmn.gov

Dental

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

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

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

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



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

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

	Low Option (\$1,000 Annual Benefit)			High Option (\$2,000 Annual Benefit)		
	Monthly Premium	City Contribution	Employee Contribution	Monthly Premium	City Contribution	Employee Contribution
Single	\$36.00	\$36.00	\$0	\$70.00	\$36.00	\$34.00
Single + 1	\$74.00	\$36.00	\$38.00	\$124.00	\$36.00	\$88.00
Family	\$124.00	\$36.00	\$88.00	\$195.00	\$36.00	\$159.00

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

Flexible Spending Accounts – FSA



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 2026 is \$3,400.00.

- ★ 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 2026 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 2026 is \$340.00.

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 2026 through December 2026). 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 \$660.00 carryover** (from 2025 to 2026) but any unused Health Care FSA amount above \$660.00 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.

Benefit Resource (BRI) gives you access to your account status 24 hours a day, seven days a week, through their interactive website at www.benefitresource.com.

Employee Assistance Program (EAP)

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 1-888-243-5744

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



SANDCREEK EAP
An AllOne Health Company

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.

Free: Employee Assistance provides assessment, brief counseling, and referral services for you and your dependents at no cost to you.

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 Sand Creek 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.

Supplemental Life and AD&D Insurance

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.

Monthly Cost per \$1,000 for Employee and Spouse Term Life and AD&D

Age	Rate/\$1,000 Unit
<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.



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 "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.

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. 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
California	Medicaid	916-440-5676
Colorado	Health 1st CO	800-221-3943
Florida	Medicaid	877-357-3268
Georgia	Medicaid	678-564-1162
Indiana	Medicaid	877-438-4479
Iowa	Medicaid & CHIP	800-338-8366
Kansas	Medicaid	800-792-4884
Kentucky	Medicaid	877-524-4718
Louisiana	Medicaid	888-342-6207
Maine	Medicaid	800-442-6003
Massachusetts	Medicaid & CHIP	800-862-4840
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	603-271-5218
New Jersey	Medicaid & CHIP	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 & CHIP	855-697-4347
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	855-699-8447
Wisconsin	Medicaid & CHIP	800-362-3002
Wyoming	Medicaid	800-251-11269



This overview is published for employees of City of Duluth / Joint Powers Enterprise Trust.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

**City of Duluth &
Duluth Joint Powers Enterprise (JPE) Trust**

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