



BENEFIT INFORMATION

Health & Dental Insurance

Health and Dental is offered through Scott County, who determines premiums. Plan year is August 1 through July 31. Regular full-time and regular part-time employees may choose health coverage plans for themselves and family dependents. See attached document for premiums and coverage information.

Section 125

SC-CDA sponsors an employee benefits program known as the Scott County CDA Flexible Benefit Plan (the "Flex Plan") for its employees. Under federal tax laws, it is also known as a "cafeteria plan". SC-CDA provides you with the opportunity to use pre-tax dollars to pay certain benefit costs by entering into a salary reduction arrangement. This arrangement helps you because the benefits you elect are nontaxable; you should save Social Security and income taxes on the amount of your salary reduction.

Life Insurance & Accidental Death and Dismemberment

Regular full-time and regular part-time employees are eligible for this benefit. The Scott County CDA pays for the basic coverage, which is \$10,000. Supplemental life and AD&D may be purchased by the employee.

Long Term Disability

Regular full-time and regular part-time employees are eligible for this benefit. The SC-CDA pays for this benefit. If disabled, a Long-Term Disability benefit provides 60% of salary to age 67 following a 60 calendar day waiting period. This benefit is a 100% CDA paid benefit.

Short Term Disability

Regular full-time and regular part-time employees may purchase this benefit from the plan provider at the County or from a supplemental insurance provider.

Retirement Plans

Regular full-time and regular part-time employees (20 hours or more) after one year of employment will enroll in the Housing And Retirement Trust (HART). Participation in HART will be in accordance with the Pension Plan requirements. Employer contributes 7.5% of salary, and employee contributes 6.5%. Full and part-time employees may also voluntarily contribute to their retirement fund through HART's 457 (pre-tax) plan. See Finance Director for details relating to these benefits.

Student Loans

You may be eligible for the Public Service Student Loan Forgiveness Program (PLSF). [Click here for the website to learn more.](#)

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This institution is an equal opportunity provider and employer.

2020-2021

Scott County Benefit Summary

CDA



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Scott County is proud to offer a comprehensive benefits package to eligible employees who work at least 20 hours per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical and dental), and Scott County provides other benefits at no cost to you (life, accidental death & dismemberment, long-term disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

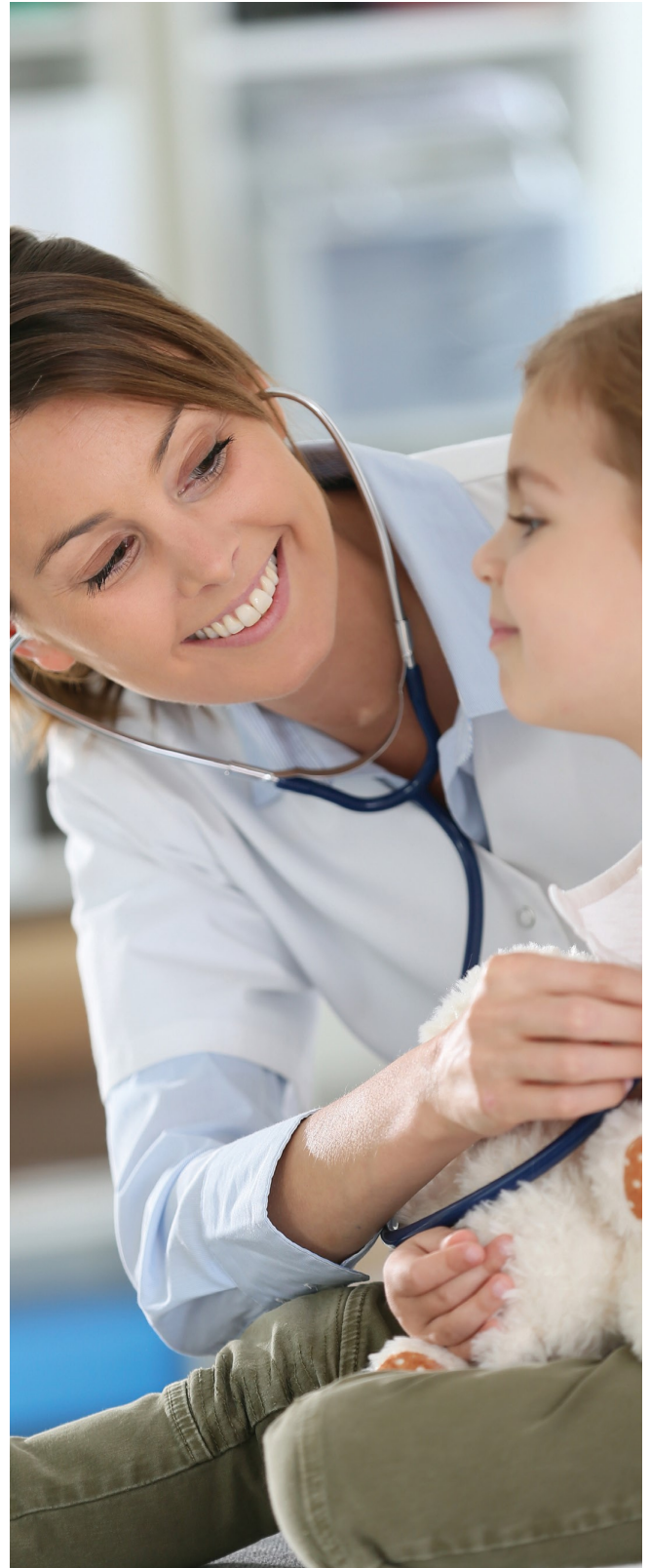
- Health
- Dental
- Basic Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Supplemental Life and AD&D
- Long-Term Disability (LTD)
- Voluntary Short-Term Disability (STD)

Eligibility

You and your dependents are eligible for Scott County benefits on the first of the month on or after your date of hire.

Elections made now will remain until the next Open Enrollment unless you or your family members experience a “Special Enrollment Event” or “Mid-Year Change in Status.” If you experience a qualifying event, you must contact Employee Relations within 31 days of the event to make changes to your benefit elections.

Scott County’s plan year runs from August 1st through July 31st with Open Enrollment being held every July. Health Insurance deductibles and dental insurance benefit maximums (\$1,250 per member) run on a calendar year - January 1st through December 31st.



Health Benefits

Administered by HealthPartners

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in health care. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Comprehensive health care also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Scott County.

Scott County currently maintains two health insurance plans: a Base Plan and a Buy-Up Plan. However, the Buy-Up Plan is closed and is not open for new enrollment. Each plan option covers the same range of services. The plans differ, however, in terms of the out-of-pocket medical costs and deductibles you could incur during the plan year.

You can find the complete summary of benefits and coverage on the Benefit Hub. <https://scottcounty.benefitHub.com/>

HealthPartners Open Access Base Plan

When choosing the HealthPartners Open Access Base Plan, you have access to over 950,000 providers in the HealthPartners network within the United States (through HealthPartners association with Cigna). You are not required to choose a Primary Care Clinic (PCC), so you can receive your care at the network provider of your choice, and you also do not need referrals to see specialists within the HealthPartners network. “Out-of-Network” coverage is provided (beyond emergency services); however, should you choose to see a physician outside the network, your benefits would be paid at an “Out-of-Network” level which has very limited coverage. Some co-pays and deductibles will apply.

	In-Network	Out-of-Network
Annual Deductible	\$750 individual / \$1,500 family	\$1,500 individual / \$3,000 family
Annual Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$2,500 individual / \$5,000 family
Coinsurance	80% / 20%	70% / 30%
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: First 3 visits free then \$15 copay thereafter	Office Visit/Convenience Care: 30% coinsurance Virtuwell: Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
Retail— Specialty Drug (30-day supply)	\$50 copay	Not covered
Mail Order— Generic Drug (90-day supply)	\$20 copay	Not covered
Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	30% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	30% coinsurance
Skilled Nursing Care 120 days per confinement	20% coinsurance	30% coinsurance
Eye Exam (Does not cover contact lens exam)	No charge	Not covered
Hearing Aids (age 18+)	Once every 3 years up to \$1,250	N/A

HealthPartners Primary Clinic Buy-Up Plan—Enrollment closed

If you currently have the HealthPartners Primary Clinic Buy-Up Plan, you have what are considered “In-Network” benefits only and you are required to choose a Primary Care Clinic (PCC) at which you will be receiving your medical care. By using the specialists within the network, you will be covered for most services. “Out-of-Network” services would be covered on an “Emergency” basis only. Some co-pays will apply. The Buy-Up Plan is a closed plan and is currently not open to new enrollment.

	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	None
Coinsurance	80% / 20%	None
Office Visits	Office Visit: \$30 copay Convenience Care: \$15 copay Virtuwell: First 3 visits free then \$15 copay thereafter	Not covered
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No charge	Not covered
Retail— Generic Drug (30-day supply)	\$10 copay	Not covered
Retail— Formulary Drug (30-day supply)	\$35 copay	Not covered
Retail— Non-formulary Drug (30-day supply)	\$50 copay	Not covered
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Mail Order— Formulary Drug (90-day supply)	\$70 copay	Not covered
Mail Order— Non-formulary Drug (90-day supply)	\$100 copay	Not covered
Mail Order— Specialty Drug (90-day supply)	N/A	Not covered
Emergency Room	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay
Physician/Surgeon Fee	20% coinsurance	Not covered
Ambulance Service	20% coinsurance	Not covered
Prenatal and Postnatal Services	No charge	Not covered
Delivery and other Maternity Services	20% coinsurance	Not covered
Skilled Nursing Care 120 days per confinement	20% coinsurance	Not covered
Eye Exam (Does not cover contact lens exam)	No charge	Not covered
Hearing Aids (age 18+)	Once every 3 years up to \$1,250	N/A

Monthly Premium Rates

HP Open Access Base Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$849.92	\$1,867.09	\$1,411.36	\$2,395.94
Employee Cost	\$84.98	\$466.76	\$352.84	\$598.96
Employer Cost	\$764.93	\$1,400.33	\$1,058.52	\$1,796.98
HP Primary Clinic Buy-Up Plan				
	Single	EE + Spouse	EE + Child(ren)	Family
Total Cost	\$952.29	\$2,094.17	\$1,596.72	\$2,687.70
Employee Cost	\$187.36	\$693.84	\$538.20	\$890.72
Employer Cost	\$764.93	\$1,400.33	\$1,058.52	\$1,796.98

Convenience Care

Convenience Care (convenience clinics, phone visits, and e-visits) is an alternative method to receive health care and is available for our plan members at a reduced “Convenience Care” copay of \$15.00 (In-Network). Instead of receiving treatment at your primary care clinic with a \$30.00 office visit copay, you can visit a physician at CVS Pharmacies, shopping malls, and MinuteClinics with a \$15.00 “Convenience Care” copay. You may also “E-Visit” HealthPartners virtuwell® – a 24/7 online clinic. For more information, please visit the HealthPartners website or call Member Services at 952.883.5000 or toll free 1.800.883.2177.

General Information

Please carefully review your Explanation of Benefits (EOB) to ensure proper payment of incurred medical expenses. Employees are under no obligation to pay any medical bills until they receive the EOB. Also, employees are not responsible for paying any possible interest the bill may have incurred prior to payment from HealthPartners.

The EOB is provided to you by HealthPartners when you have incurred a medical expense and indicates payment made by HealthPartners and the “Total Amount You Owe.” By visiting www.healthpartners.com, you can also log on under “myHealthPartners” and access your claims information under “My plan” tab.

Travel Plans and Out of Area Care

HealthPartners members who travel out of the service area or dependents who are attending a post-secondary institution outside of the service area have emergency services coverage under both the Primary Clinic Buy-Up Plan and the Open Access Base Plan.

Unless prior authorization is obtained from HealthPartners, preventive services, such as a routine health exam, scheduled inpatient hospital procedures, and skilled nursing facility services are excluded from coverage under the Primary Clinic Buy-Up Plan while out-of-network.

Out-of-network coverage is included under the Open Access Base Plan and may allow you to receive your same in-network benefit coverage while you are out of the area.

Members should contact HealthPartners Member Services Department to obtain prior authorization for excluded out-of-network services prior to treatment under the Primary Clinic Buy-Up Plan and to find affiliated clinics and hospitals covered under the Open Access Base Plan prior to travel outside of the area.

Wellness

Self-Care

With rising health care costs, we can all practice self-care to do our part in reducing medical claims. What is “self-care?” Healthy people develop a collection of resources in their quest for good health. The resources can include health care professionals, friends, and health information material.

Call the HealthPartners Careline Service at 612.339.3663 or 1.800.551.0859

This phone service is available for members seeking advice from nurses after their regular clinic is closed. In emergencies, call 911.

Employee Benefit Hub

For additional Wellness and HealthPartners resources, visit Scott County’s Benefit Hub: <https://scottcounty.benefithub.com/>

Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Scott County dental benefit plan.

The dental coverage offers you and your family a large network of **Delta Dental Premier Network dentists and Delta Dental PPO Network dentists**. By using a Delta Dental PPO provider, you will pay less out of your own pocket.

Since you do not choose a primary dentist, you can change to a different dentist at any time utilizing either of the two networks.

A listing of Delta participating dentists is available at Delta’s web site, www.deltadentalmn.org. “Find a Dentist” is the most accurate and up-to-date way to obtain information on Delta participating dentists. To verify that your dentist participates in the Delta Network, go to www.deltadentalmn.org. Click on “Members” then “Find a Dentist” from the home page. If you know the name of your dentist, select “I want to see if a dentist is in-network” or select “I’m looking for a new dentist”. Complete the form with your dentist’s name, mileage range, and zip code. This will bring up a listing of dentists participating in the PPO & Premier networks, indicated under the name of each dentist. If your dentist does not participate in either network, you may continue to use that dentist; although, the dentist may bill you for the difference between what Delta pays and what he or she charges for the service. Using a non-participating dentist means you will incur more of the cost of your care and could be responsible for dental charges up to the dentist’s full, billed amount.

	Coverage	Delta Dental Premier	Delta Dental PPO
A	Diagnostic/Preventive Services	100%	100%
B1a	Basic Services	80%	90%
B1b	Endodontics	80%	90%
B1c	Periodontics	80%	90%
B1d	Oral Surgery	80%	90%
B2	Major Restorative Services	50%	70%
C1	Prosthetic Repairs and Adjustments	50%	70%
C2	Prosthetics	50%	70%

Deductible

There is a \$25 deductible per participating member *each calendar year* not to exceed \$75 per family unit. The deductible does not apply to Diagnostic and Preventive Services (A).

Benefits Maximum

\$1,250 for each participating member **per coverage year** (calendar year) for services B1a, B1b, B1c, B1d, B2, C1, and C2 combined. The benefit maximum renews every January 1st. NEW! Effective August 1, 2020, Diagnostic/Preventive Services (A) do not apply towards the \$1,250 maximum benefit.

Monthly Premium Rates

	Employee	EE + Spouse	EE + Child(ren)	Family
Total Monthly Premium Rates	\$37.75	\$75.01	\$91.72	\$127.77
Employee Cost	\$15.44	\$44.54	\$54.46	\$75.88
Employer Cost	\$22.31	\$30.47	\$37.26	\$51.89

Life and Accidental Death & Dismemberment Insurance

Insured by The Hartford

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Scott County. The County provides basic life insurance of \$20,000 at no cost to you, the monthly premium for this benefit is paid entirely by the County.

Employees may change their beneficiary information at any time during the year. To update your beneficiary information, please visit the [Employee Benefit Hub](#) to print the Beneficiary Designation Form or contact Employee Relations.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Scott County provides AD&D coverage of \$20,000 at no cost to you. This coverage is in addition to your County-paid life insurance described above.

Supplemental Life and AD&D Insurance (Employee Paid)

Insured by The Hartford

You may purchase life and AD&D insurance in addition to the County-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$150,000 and up to \$50,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee: Multiples of \$10,000 to a maximum of \$500,000. Matched AD&D is included. Guarantee issue of \$150,000.

Spouse: Multiples of \$5,000 to a maximum of \$250,000 (not to exceed 100% of employee's supplemental coverage amount). Matching AD&D is included. Guarantee issue of \$50,000

Children: \$5,000 or \$10,000. (not to exceed 100% of employee's supplemental coverage amount). Matching AD&D is included. Guarantee issue of \$10,000.

Monthly Step Rates

Employee rates, as determined by age:

Age	Current Rate / \$10,000 of coverage
Through age 24	\$0.70
25-29	\$0.80
30-34	\$1.00
35-39	\$1.10
40-44	\$1.20
45-49	\$1.70
50-54	\$2.50
55-59	\$4.50
60-64	\$6.80
65-69	\$12.90
70-74	\$20.80
75+	\$40.20

Spouse rates, as determined by age:

Age	Current Rate / \$10,000 of coverage
Through age 24	\$0.35
25-29	\$0.40
30-34	\$0.50
35-39	\$0.55
40-44	\$0.60
45-49	\$0.85
50-54	\$1.25
55-59	\$2.25
60-64	\$3.40
65-69	\$6.45
70-74	\$10.40
75+	\$20.10

Child(ren) supplemental Life/AD&D insurance rates:

	Current Rate
\$5,000 policy	\$0.23
\$10,000 policy	\$0.46

Funeral Planning & Concierge Services

The Hartford offers a funeral planning and concierge service provided by Everest. It provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant financial savings.

Find out more: 1-866-854-5429. Or log on to www.everestfuneral.com/hartford as a new user and use enrollment code: HFEVLC

Beneficiary Assist Counseling Services

Getting through a loss is hard. Getting support to help cope doesn't have to be. The Hartford offers you Beneficiary Assist counseling services provided by ComPsych®. Compassionate professionals can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions.

Find out more: 1-800-411-7239

EstateGuidance® Will Services

Create a simple will from the convenience of your desktop. Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance® Will Services, provided by ComPsych. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Your will is customized and legally binding.

Find out more: Visit www.estateguidance.com/wills today. Use Promotional Code: WILLHLF

Travel Assistance Services with ID Theft Protection and Assistance

Even the best planned trips can be full of surprises. Travel Assistance Services with ID Theft Protection and Assistance include pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft services are available to you and your family at home or when you travel.

For more information on Travel Assistance Services or ID Theft Services, call 1-800-243-6108 or email idtheft@europassistance-usa.com. Please provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number GLD-09012, and your company policy number.



Long-Term Disability (LTD)

Insured by NIS/Madison National Life Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income.

Your LTD coverage provides income when you have been disabled for 60 days or more. Your benefit is 60% of your monthly earnings, (see certificate for monthly maximum benefit limits). This amount may be reduced by other deductible sources of income or disability earnings. This benefit is provided by the County at no cost to you.

All Benefit Eligible Employees	
Guarantee Issue	\$8,750/month
Elimination Period	60 consecutive calendar days
Maximum Benefit Period	ADEA; to age 67
Own Occupation Period	24 Months following the end of the Elimination Period
Definition of Disability	Zero day
Return to Work	First 12 months of Disability with Work Earnings
Employer Contribution	100%
Sick Leave	Pays in addition to sick pay
Maternity Coverage	Included
Cumulative Elimination Period	15 working days
Pre-existing Condition Exclusion	3 month/12 months
Survivor Benefit	3 times gross monthly benefit

Voluntary Short-Term Disability (STD)

Insured by NIS/Madison National Life Insurance Company

Short-Term Disability insurance provides income assistance and a way to help you pay your bills and keep your life as normal as possible if you become sick or injured and cannot work. And through Scott County, you can get this protection at an affordable group rate. Choose your STD weekly benefit in \$100 increments not to exceed 60% of your income (or \$2,000).

Think of Short-Term Disability insurance as income protection insurance

- Within one year, one in 13 working people will suffer a short-term disability for more than one week.
- Over 90% of disabling illnesses or injuries are not work-related, so most disabled workers are not eligible for worker's compensation.
- Even a short disruption of income can be bad news because two-thirds of American families live from paycheck to paycheck.

Age	Rate per \$100 of weekly benefit
0-24	\$7.60
25-29	\$8.00
30-34	\$5.90
35-39	\$4.40
40-44	\$4.20
45-49	\$4.70
50-54	\$5.90
55-59	\$7.40
60-64	\$9.10
65+	\$11.00

Benefit	
Maximum Weekly Benefit	Up to \$2,000 elected in \$100 increments not to exceed 60% of Weekly Pre-Disability Earnings
Elimination Period	Accident:14 days Sickness:14 days
Pre-Existing Condition Exclusion	3 months/12 months

- First 30 days of employment no evidence of insurability is required. May enroll at any time with evidence of insurability.
- May only cancel coverage during annual enrollment period which is effective December 1st of each year.

Scott County Employee Benefit Hub

We are committed to providing quality Employee Benefits to our employees and are pleased to offer a web based communication system to help you reduce your time spent learning about and selecting benefits.

This site will be available to you and your dependents 24/7/365 either at the office or at home and will serve as an important resource center to access important County information.

Here's what you can find:

- ◇ Benefit enrollment information
- ◇ Benefit plan details, including forms and documents
- ◇ Carrier resources and links
- ◇ Payroll and Employee Relations information
- ◇ Wellness resources
- ◇ Life event checklists
- ◇ State & Federal Program Information
- ◇ Financial calculators
- ◇ Benefits glossary
- ◇ And much more!

<https://scottcounty.benefithub.com/>

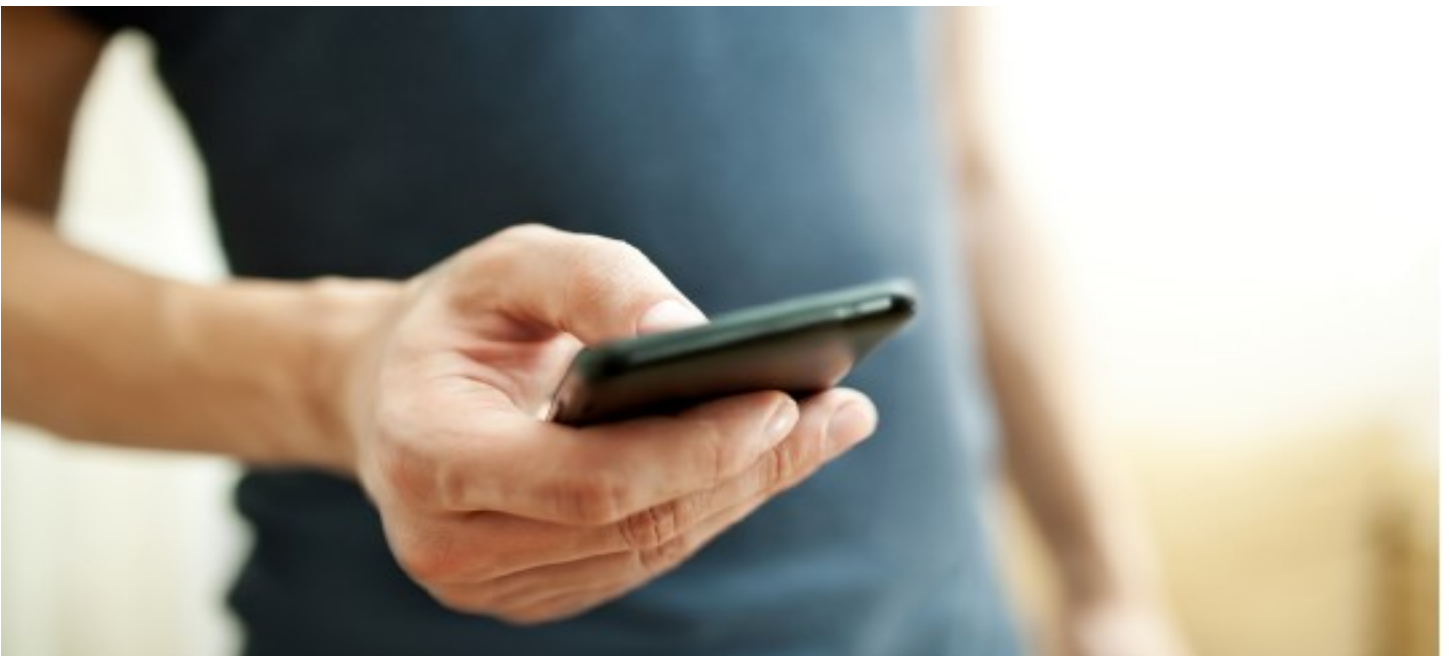


Employee Benefit Hub

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or the Employee Relations Department.

Benefit	Administrator	Phone	Website/Email
Employee Relations	Scott County	952.496.8103	benefits@co.scott.mn.us
Medical	HealthPartners, Inc.	952.883.5000 or 800.883.2177	www.healthpartners.com
Dental	Delta Dental of Minnesota	651.406.5916 or 800.553.9536	www.deltadentalmn.org
Life and AD&D Insurance	Scott County—The Hartford	952.496.8103	benefits@co.scott.mn.us
Short-Term Disability	National Insurance Services, Inc.	800.627.3660	www.nisbenefits.com
Long-Term Disability	National Insurance Services, Inc.	800.627.3660	www.nisbenefits.com



Special Enrollment Rights

Mid-Year Changes to Your Medical Plan Elections

IMPORTANT: After the current open enrollment period closes, you generally will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment unless you experience a "Special Enrollment Event" or a "Mid-Year Change in Status."

Special Enrollment Event: If you are declining enrollment for yourself and/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 your other coverage (or if the employer stops contributing toward your or your dependent's other coverage). However, you must request enrollment within **31 days** after you or your dependent's other coverage ends or after the employer stops contributing toward the other coverage.

In addition, if you gain a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **31 days** after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if:

- You (or your dependents) have coverage through Medicaid or the state Children's Health Insurance Program (CHIP) and lose eligibility for that coverage; however, you must request enrollment within **60 days** after the Medicaid or CHIP coverage ends; or
- You or your dependents become eligible for a premium assistance program through Medicaid or CHIP; however, you must request enrollment within **60 days** after you or your dependents are determined to be eligible for such assistance.

Mid-year Change in Status Event: The following events may allow certain changes in benefits mid-year, if permitted by the Internal Revenue Service:

- Change in legal marital status (e.g., marriage, divorce/legal separation, death)
- Change in number or status of dependents (e.g., birth, adoption, death)
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects eligibility for benefits
- Coverage of a child due to a qualified medical child support order
- Eligibility or loss of eligibility for Medicare or Medicaid
- Certain changes in the cost or composition of coverage, or curtailment of coverage, of the employee's or spouse's plan
- Changes consistent with special enrollment rights and FMLA leaves

You must notify Employee Relations in writing within **31 days** of the mid-year change in status. Changes become effective on the first day of the month following the approved change in status event (except for newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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 January 31, 2020. Contact your State for more information on eligibility –

MINNESOTA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Women's Health and Cancer Rights Act Annual Notice

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plans' compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plans to provide.

Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

- Coverage for reconstruction of the breast on which the mastectomy is performed.
- Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
- Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymph edemas.

These benefits are subject to the same deductible, co-payments and coinsurance that apply to mastectomy benefits under The County plan you are enrolled in.

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/public-service or contact your federal loan servicer.

Important Notice from Scott County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Scott County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Scott County has determined that the prescription drug coverage offered by the County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Scott County coverage will not be affected. Your current coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Scott County coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Scott County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Scott County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW, Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

<p>Español (<i>Spanish</i>) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)</p>	<p>ພາສາລາວ (<i>Laotian</i>) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)</p>
<p>Hmoob (<i>Hmong</i>) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)</p>	<p>Deutsch (<i>German</i>) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)</p>
<p>Tiếng Việt (<i>Vietnamese</i>) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)</p>	<p>العربية (<i>Arabic</i>) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)</p>
<p>繁體中文 (<i>Chinese</i>) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)</p>	<p>Français (<i>French</i>) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)</p>
<p>Русский (<i>Russian</i>) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)</p>	<p>한국어 (<i>Korean</i>) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)</p>
<p>Af Soomaali (<i>Somali</i>) OGAYSIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)</p>	<p>Tagalog (<i>Tagalog</i>) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)</p>

<p>Oromiffa (<i>Cushite [Oromo]</i>) XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)</p>	<p>Italiano (<i>Italian</i>) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)</p>
<p>አማርኛ (<i>Amharic</i>) ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)</p>	<p>ภาษาไทย (<i>Thai</i>) หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)</p>
<p>unD (<i>Karen</i>) ሆንသည့်ဟံသာ- နမာ်ကတိက နညီ ကျိန်အေယိ, နမာနာ် ကျိန်အတိမ်မာစာလလာ တလဟ်ဘျုန်လဟ်စု၊ နိတမံဘျုန်သုနုန်လိ၊ ကိ: 1-800-883-2177. (TTY: 711)</p>	<p>ελληνικά (<i>Greek</i>) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)</p>
<p>ខ្មែរ (<i>Mon-Khmer, Cambodian</i>) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណើបំណងរៀនភាសា ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)</p>	<p>Diné Bizaad (<i>Navajo</i>) Dii baa akó nínizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę, t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-883-2177. (TTY: 711)</p>
<p>Deutsch (<i>Pennsylvanian Dutch</i>) Wann du Deutsch schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)</p>	<p>Ikirundi (<i>Bantu – Kirundi</i>) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)</p>
<p>Polski (<i>Polish</i>) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)</p>	<p>Kiswahili (<i>Swahili</i>) KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (TTY: 711)</p>
<p>हिंदी (<i>Hindi</i>) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)</p>	<p>日本語 (<i>Japanese</i>) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-883-2177 (TTY: 711) まで、お電話にてご連絡ください。</p>
<p>Shqip (<i>Albanian</i>) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)</p>	<p>नेपाली (<i>Nepali</i>) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टि टि वाइ: 711)</p>
<p>Srpsko-hrvatski (<i>Serbo-Croatian</i>) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)</p>	<p>Norsk (<i>Norwegian</i>) MERK: Hvis du snakker norsk, er gratis språkassistansen tilgjengelige for deg. Ring 1-800-883-2177. (TTY: 711)</p>
<p>ગુજરાતી (<i>Gujarati</i>) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)</p>	<p>Adamawa (<i>Fulfulde, Sudanic</i>) MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)</p>
<p>اُردُو (<i>Urdu</i>) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زین کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711)۔</p>	<p>Українська (<i>Ukrainian</i>) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-883-2177. (телетайп: 711)</p>



NOTES



Prepared by:



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Insurance | Risk Management | Consulting