

*Crow Wing County  
Benefits*



2021

A place where *good  
enough* isn't *good  
enough*.



# Benefits Overview

**Crow Wing County** is proud to offer a comprehensive benefits package to eligible, employees who work a minimum of 30 hours per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits and Crow Wing County provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through Crow Wing County payroll deductions.

## Benefit Plans Offered

- Medical
- HSA & VEBA
- Dental
- Life Insurance/AD&D
- Voluntary Life and AD&D
- PERA Term Life
- FSA (Health and/or Dependent Care Reimbursement)
- Vision Plan
- Disability Insurance
- PERA
- HCSP
- MN Deferred Compensation Plan (MNDCP)
- EAP
- PTO
- Holidays
- Funeral Leave
- Wellness Incentives & Tools



## Eligibility

Employees who work a minimum of 30 hours a week are eligible to enroll in benefits the first of the month after 30 days of employment. Employees are eligible to start PERA immediately.

For complete plan details:

Head over to our  
SharePoint site and click  
on the benefits tile.



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# Medical Benefits

Administered by BlueCross BlueShield of Minnesota

Comprehensive and preventive healthcare coverage is important in protecting you and your family. 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. In case of an illness or injury, you and your family are covered with an excellent medical plan through Crow Wing County.

Log into your account at <https://www.bluecrossmnonline.com/> to view plan details, claims history, and print your ID cards.

## Plan Details

Employees may view the Summary of Benefits and Coverage (SBC) and the complete Summary Plan Description (SPD) for each of the BlueCross BlueShield health insurance plan designs offered through Crow Wing County on our SharePoint site under the benefits section.

## Medical Plan Options

### High Deductible Health Plan (HDHP) \$2800 (S) and \$5600 (F)

- Aware Network – Offering the broadest selection of providers allowing you to go to any BCBS Provider
- GenRX Formulary

### High Deductible Health Plan (HDHP) \$3375 (S) and \$6750 (F)

- Aware Network – Offering the broadest selection of providers allowing you to go to any BCBS Provider
- FlexRX Formulary

### High Deductible Health Plan (HDHP) \$3375 (S) and \$6750 (F)

- Access Network – This network includes local providers and providers throughout the state. Out of network services are covered with greater out of pocket costs. There are safeguards that treat emergency and medical needs while traveling or residing out of the area as in-network charges.
- GenRX Formulary

### Minimum Value Plan (MVP) \$6750 (S) and \$13500 (F) - Access Network

- Access Network – This network includes local providers and providers throughout the state. Out of network services are covered with greater out of pocket costs. There are safeguards that treat emergency and medical needs while traveling or residing out of the area as in-network charges.
- KeyRX Formulary
- The unique feature of this plan is the higher deductible and higher contributions to the HSA or VEBA accounts.

The above are hybrid plans which allows you the flexibility of funding your VEBA and HSA at the same time. For example, you can elect to have county contributions deposited into your VEBA account and direct your personal contributions to the HSA account. \*\*\*Funding both accounts simultaneously does limit your VEBA dollars to dental and vision only.

# Medical Premium Rates

The rates listed below are inclusive of employer HSA or VEBA contributions.

	HDHP 2800/5600 Aware* GenRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
<b>Single</b>	\$83.56	\$334.26	\$67.32
<b>Family</b>	\$198.33	\$793.34	\$116.67

	HDHP 3375/6750 Aware** FlexRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
<b>Single</b>	\$80.36	\$321.45	\$70.31
<b>Family</b>	\$193.17	\$772.71	\$140.63

	HDHP 3375/6750 Access** GenRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
<b>Single</b>	\$76.46	\$305.85	\$70.31
<b>Family</b>	\$183.12	\$732.51	\$140.63

	Min Value Plan 6750/13500 Access*** KeyRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
<b>Single</b>	\$78.07	\$312.31	\$140.63
<b>Family</b>	\$178.65	\$714.60	\$281.25

**\$2,800/\$5,600  
Aware Network**

January 1, 2021 (updated)

	In network* Aware	Out of network**
<b>Calendar-year deductible. No Fourth Quarter Carryover</b>	Medical and prescriptions combined \$2,800 individual \$5,600 family Embedded	
<b>Coinsurance</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in- and out-of-pocket maximums cross <b>apply</b>  Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined  \$2,800 individual \$5,600 family	\$3,500 individual \$6,500 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> •well-child care to age 6 •prenatal care •preventive medical evaluations age 6 and older •cancer screening •preventive hearing and vision exams •immunizations and vaccinations	0% 0% 0%  0% 0%  0%	0% 0% Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Omada®</b> •diabetes •diabetes and cardiovascular disease	0% 0%	No coverage No coverage
<b>Physician services</b> •e-visits •retail health clinic (office visit) •physician office visits •office and outpatient lab diagnostic imaging •allergy injections and serum •Urgent care professional services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> •chiropractic manipulation (office visit) •chiropractic therapy •home health care •physical therapy, occupational therapy, speech therapy (office visit) •physical therapy, occupational therapy, speech therapy (therapy)	Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital outpatient services</b> •facility lab services •facility diagnostic imaging •chemotherapy and radiation therapy	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance



<ul style="list-style-type: none"> <li>•scheduled outpatient surgery</li> <li>•urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>•emergency room (facility charges)</li> <li>•professional charges</li> <li>•ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Assisted Fertilization</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visit)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Select Network retail (31-day limit)</b> <b>Gen Rx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Nonpreferred</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage
<ul style="list-style-type: none"> <li>• <b>90dayRx – Mail order pharmacy (90-day limit)</b></li> </ul> <b>Gen Rx preferred drug list</b> <ul style="list-style-type: none"> <li>• Closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> <li>• Nonpreferred</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	No coverage No coverage No coverage
<ul style="list-style-type: none"> <li>• <b>90dayRx – Retail pharmacy (90-day limit)</b></li> </ul> <b>Gen Rx preferred drug list</b> <ul style="list-style-type: none"> <li>• Closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> <li>• Nonpreferred</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	No coverage No coverage No coverage
<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is selected when a generic drug is available.</p> <p>The drug list uses a step therapy program. Sign in at <a href="http://bluecrossmnonline.com">bluecrossmnonline.com</a> and select "Prescriptions," then see "frequently asked questions."</p>		

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**Embedded deductible** – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

**\$3,375/\$6,750  
Access Network**

January 1, 2021 (updated)

	In network* Access PPO Blue Card	Out of network**
<b>Calendar-year deductible.</b> In and out of network accumulate separately. Deductible carryover does not apply.	\$3,375 individual \$6,750 family	\$6,750 individual \$13,500 family
<b>Coinsurance</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in- and out-of-pocket maximums accumulate separately.  Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	\$3,375 individual \$6,750 family	\$7,500 individual \$14,000 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> •well-child care to age 6 •prenatal care •preventive medical evaluations age 6 and older •cancer screening •preventive hearing and vision exams •immunizations and vaccinations	0% 0% 0%  0% 0% 0%	0% 0% Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> •diabetes (Type 2 program) •diabetes and cardiovascular disease prevention (generic program)	0% 0%	No coverage No coverage
<b>Physician services</b> •e-visits •retail health clinic (office visit) •physician office visits •office and outpatient lab diagnostic imaging •allergy injections and serum •Urgent care professional services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance
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<b>Hospital inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital outpatient services</b> •facility diagnostic imaging •facility lab services •chemotherapy and radiation therapy	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance



<ul style="list-style-type: none"> <li>•physical, occupational and speech therapy</li> <li>•scheduled outpatient surgery</li> <li>•urgent care (facility services)</li> </ul>	Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance
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<b>Durable medical equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
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**\$3,375/\$6,750  
Aware Network**

January 1, 2021 (updated)

	In network* Aware	Out of network**
<b>Calendar-year deductible. No Fourth Quarter Carryover</b>	Medical and prescription combined \$3,375 individual \$6,750 family	Medical and prescription combined \$3,375 individual \$6,750 family Embedded
<b>Coinsurance</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in and out of network out-of-pocket maximums cross apply.  Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined  \$3,375 individual \$6,750 family	\$3,750 individual \$7,000 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> •well-child care to age 6 •prenatal care •preventive medical evaluations age 6 and older •cancer screening •preventive hearing and vision exams •immunizations and vaccinations	0% 0% 0%  0% 0% 0%	0% 0% Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Omada®</b> •diabetes (Type 2 program) •diabetes and cardiovascular disease prevention (generic program)	0% 0%	No coverage No coverage
<b>Physician services</b> •e-visits •retail health clinic (office visit) •physician office visit •office and outpatient lab diagnostic imaging •allergy injections and serum •urgent care professional services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance
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<b>Hospital inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital outpatient services</b> •facility diagnostic imaging •facility lab services •chemotherapy and radiation therapy •physical, occupational and speech therapy •scheduled outpatient surgery	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance

•urgent care (facility services)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Emergency care</b> •emergency room (facility charges) •professional charges •ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
<b>Durable medical equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
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**\$6,750/\$13,500  
Access Network**

January 1, 2021 (updated)

	In Network	Out of Network
<b>Calendar-year deductible. No Fourth Quarter Carryover</b>	\$6,750 individual \$13,500 family	\$13,500 individual \$27,000 family
<b>Coinsurance</b> (what the member pays)	Deductible then 0%	Deductible then 50% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in- and out-of-pocket maximums accumulate separately.  Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	\$6,750 individual \$13,500 family	\$20,250 individual \$40,500 family
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<b>Omada®</b> •diabetes •diabetes and cardiovascular disease	0% 0%	No coverage No coverage
<b>Physician services</b> •e-visits •in-hospital medical visits •surgery and anesthesia •professional lab services •office visits due to illness or injury •urgent care (clinic-based) •retail health clinic •professional diagnostic imaging •allergy injections and serum	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
<b>Other professional services</b> •chiropractic manipulation •chiropractic therapy •home health care •physical therapy, occupational therapy, speech therapy (office visit) *physical therapy, occupational therapy, speech therapy (therapy)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance  Deductible then 50% coinsurance
<b>Inpatient hospital services</b>	Deductible then 0% coinsurance	Deductible then 50% coinsurance
<b>Outpatient hospital services</b> •facility diagnostic imaging •facility lab services •chemotherapy and radiation therapy •physical, occupational and speech therapy •scheduled outpatient surgery	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance  Deductible then 50% coinsurance  Deductible then 50% coinsurance

•urgent care (hospital-based)	Deductible then 0% coinsurance	Deductible then 50% coinsurance
<b>Emergency care</b> •emergency room •physician charges •ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 50% coinsurance
<b>Bariatric surgery</b>	No coverage	
<b>Assisted Fertilization</b>	No coverage	
<b>Behavioral health (mental health and substance abuse services)</b> • inpatient professional services • outpatient services (office visits) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
<b>Prescription drugs – Essential Network retail (31-day limit)</b> <b>KeyRx preferred drug list</b> • closed plan design • Tier 1 • Tier 2 • Tier 3 • Tier 4  <b>Specialty Drugs</b> • Tier 1 • Tier 2 • Tier 3 • Tier 4  • <b>90dayRx – Mail order pharmacy (90-day limit)</b> <b>KeyRx preferred drug list</b> • Closed plan design • Tier 1 • Tier 2 • Tier 3 • Tier 4  • <b>90dayRx – Retail pharmacy (90-day limit)</b> <b>KeyRx preferred drug list</b> • Tier 1 • Tier 2 • Tier 3 • Tier 4	Deductible then 0% coinsurance  Deductible then 0% coinsurance  Deductible then 0% coinsurance	No coverage  No coverage  No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only.  Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).  The patient will pay the difference if a brand-name drug is selected when a generic drug is available.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit [bluecrossmnonline.com](http://bluecrossmnonline.com).

**\*Lowest out-of-pocket costs:** in-network providers

**Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit [bluecrossmnonline.com](http://bluecrossmnonline.com) or call Blue Cross customer service at the number on the back of your member ID card. The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.

**Embedded deductible** – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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# How You Can Help Reduce Premiums

Claims are the #1 factor in rising premium costs. As consumers of our healthcare costs there are different ways we can help manage these costs and help reduce our premiums.

## Prescription Drugs

- Mail Order Prescriptions through Prime Mail are often less expensive.
- Talk to your physician about generic alternatives.
- Shop around – prescription med costs vary by pharmacy. Visit [www.primetherapeutics.com](http://www.primetherapeutics.com) to find the lowest cost pharmacy.

## Doctor on Demand

- Blue Cross and Blue Shield of Minnesota provides live doctor visits using video or text chat. Available 24/7, 365 days a year, this service is only \$44 per regular medical visit. Doctors are able to diagnose and prescribe medication if needed. Setup your account by visiting [www.DoctorOnDemand.com/bluecrossmn](http://www.DoctorOnDemand.com/bluecrossmn). Access future visits online or by downloading the app.

## Convenient Care

- Located in Baxter and Brainerd Cub Foods. Treat common, minor injuries and illnesses including bladder infections, bronchitis, cough/cold, pink eye, sinus infections and more.

## Urgent Care

- An emergency room visit is costly and perhaps you can have your injury/illness treated at urgent care for less cost and less wait time.

# Health Savings Account (HSA)

Administered by Further

HSA contributions are from pretax dollars. For 2021, the maximum contributions into the HSA as established by the US Department of Treasury are:

- \$3,600 single coverage
- \$7,200 family coverage

Employees age 55 and older who are covered by one of the high deductible health plans can make additional catch-up contributions of up to \$1,000 each year until they enroll in Medicare.

## HSA Contributions—Who is Eligible?

Employee must be enrolled in the HDHP

Employee cannot be:

- Covered by other non-qualified HDHP including traditional health plans, FSA, HRA, or spouse's health and/or FSA plans
- Enrolled in Medicare
- Claimed as a dependent on another's tax return
- Covered under TRICARE.

Health FSA coverage is allowed if:

- Limited to dental or vision, or
- Pays only after minimum HDHP deductible is satisfied

## Withdrawals

Withdrawals for qualified expenses are tax-free

- May be reimbursed for expenses for yourself, spouse and tax dependents
- Do not need to submit proof of eligible expenses at time of withdrawal
- Keep receipts in case of audit
- File form 8889 with your income tax returns





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Withdrawals for non-qualified expenses are taxable and subject to 20% penalty. No penalty if:

- Account holder has turned 65
- Account holder becomes disabled
- Upon account holder's death

## Investments

The money you contribute to your health savings account grows and earns interest at rate(s) established by your HSA plan type. But it's possible to grow your money even more by investing your HSA funds in either a Basic Investment Account or a Schwab Health Savings Brokerage Account. When your account Base Balance exceeds \$1,000, you have the option to activate a Basic Investment Account. This account gives you access to mutual funds from the Schwab's Mutual Fund OneSource Service. You also have access to online resources and tools through the Further investment site at [www.hellofurther.com](http://www.hellofurther.com).

## How to Access Your Account Information

- Visit [www.hellofurther.com](http://www.hellofurther.com)
- Download the app
- Visit [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com)



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# Voluntary Employee Beneficiary Association (VEBA)

Administered by Further

A VEBA can be used to help pay for eligible expenses as well as help save for medical expenses in retirement. Employers contribute money to a trust on behalf of their employees. Employees are not able to contribute additional dollars into their VEBA account.

## VEBA Contributions—Who is Eligible?

Employee must be enrolled in the HDHP

## Withdrawals

Withdrawals for qualified expenses are tax-free

- May be reimbursed for expenses for yourself, spouse and dependents
- May need to submit proof of eligible expenses at time of withdrawal
- Keep receipts in case of audit
- If actively putting money into HSA, VEBA is limited to dental and vision only.

## Investments

When your account Base Balance exceeds \$1,000, you have the option to activate a Basic Investment Account. This account gives you access to mutual funds from the Schwab's Mutual Fund OneSource Service. You also have access to online resources and tools through the Further investment site. Investment accounts are self-directed and self-managed. This means you decide whether and when to invest, select the mutual funds you'd like to invest in, and decide how much to invest. If you need help with this process, you have access to online resources and tools through the Schwab site accessible from your VEBA account at [www.hellofurther.com](http://www.hellofurther.com).

## How to Access Your Account Information

- Visit [www.hellofurther.com](http://www.hellofurther.com)
- Download the app
- Visit [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com)



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# 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 Crow Wing County dental benefit plan.

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary located on SharePoint or visit [www.deltadentalmn.org](http://www.deltadentalmn.org) for more information.

Delta Dental Plan			
SINGLE: Employee: \$4.18 Per Pay/Employer: \$16.72 Per Pay FAMILY: Employee: \$11.24 Per Pay/Employer: \$44.99 Per Pay			
Service & Description	PPO Network	Premier Network	Non-Participating
<b>Diagnostic &amp; Preventive Services</b> Exams & cleanings, x-rays, fluoride treatments, space maintainers	100%	100%	100% of maximum allowable fee**
<b>Basic Services</b> Emergency treatment for relief of pain, sealants amalgam restorations (silver fillings) and composite resin restorations (white fillings) on anterior (front) teeth.	80%	80%	80% of maximum allowable fee**
<b>Endodontics</b> Pulpotomies on primary teeth for dependent children, root canal therapy on permanent teeth	80%	80%	80% of maximum allowable fee**
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	80%	80% of maximum allowable fee**
<b>Oral Surgery</b> Surgical/Nonsurgical extractions, all other oral surgery	80%	80%	80% of maximum allowable fee**
<b>Major Restorative</b> Crowns and composite resin restorations (white fillings) on posterior (back) teeth	50%	50%	50% of maximum allowable fee**
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs, bridge repair	50%	50%	50% of maximum allowable fee**
<b>Prosthetics</b> Dentures (full and partial), bridges	50%	50%	50% of maximum allowable fee**
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion. Available for dependent children only, age 8 up to age 19	50%	50%	50% of maximum allowable fee**
<b>Deductible</b> Per person/per family (calendar year) No deductible for diagnostic and preventive services or orthodontics	\$50/\$150	\$50/\$150	\$50/\$150
<b>Calendar Year Plan Maximum</b> Per person	\$1,000	\$1,000	\$1,000
<b>Lifetime Ortho Maximum</b> Per covered person	\$1,000	\$1,000	\$1,000
<b>Eligible Dependents</b> Spouse and dependent children up to age 26.			

# Basic Life and AD&D Insurance

Insured by Prudential

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 Crow Wing County. The County provides basic life insurance of \$50,000 with an additional \$50,000 AD&D (Accidental Death & Dismemberment) 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 contact Human Resources.

# Voluntary Life and AD&D Insurance

Insured by Prudential

You may purchase life and AD&D insurance in addition to the county-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible.

- For you:** Any multiple of \$5,000, Minimum of \$5,000 and maximum of \$500,000 or 5x your salary.
- For your spouse:** Any multiple of \$5,000, Minimum amount of \$5,000 and Maximum amount not to exceed optional coverage on yourself but not to exceed \$250,000.
- For your dependent child(ren):** An amount of \$10,000 for each eligible child up to age 19. Children may remain covered to age 25 if they are a full-time student and wholly depends on you for support and maintenance.

## How to Enroll

Enrollment may occur as a new employee, during open enrollment or at the time of a qualifying life event. Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by Human Resources. Please submit the form to Human Resources along with any Evidence of Insurability forms that may be required.

Optional Life Rates			
The rates are based on the Employees Age, or the Spouses age on January 1st.			
Age	Employee	Spouse	Child(ren)
	Monthly Cost per \$1,000 of coverage	Monthly Cost per \$1,000 of coverage	Monthly Cost
Under 25	\$0.078	\$0.06	All Eligible Children: \$0.90 (eligible children are unmarried children 14 days to 19 years old or to age 25 if a full-time student)
25-29	\$0.088	\$0.07	
30-34	\$0.108	\$0.09	
35-39	\$0.118	\$0.10	
40-44	\$0.148	\$0.13	
45-49	\$0.238	\$0.22	
50-54	\$0.398	\$0.38	
55-59	\$0.638	\$0.62	
60-64	\$0.778	\$0.76	
65-69	\$1.338	\$1.32	
70-74	\$2.088	\$2.07	

# PERA Term Life

Administered by NCPERS

The Public Employee Retirement System of Minnesota (PERA) offers a supplemental survivor's benefit and insurance plan to enhance the financial security of its members. This voluntary decreasing term life plan is only \$16 per month and may be continued into retirement at the same low cost.

## Advantages

- Guaranteed Acceptance – no health questions asked
- 24/7 Coverage – on or off the job
- Affordable – \$16 a month regardless of your age
- Easy Payment – by automatic payroll deduction

## Payment Examples:

- If an insured member at age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
- If the spouse or domestic partner of a 42-year-old member dies, the member would receive \$18,000
- If a dependent child less than age 26 dies, the payment to the member would be \$4,000

For additional information about the NCPERS Life Insurance plan, or how to file a claim, contact 800.525.8056 or visit [www.ncpersvoluntarylife.com/mn](http://www.ncpersvoluntarylife.com/mn)

Member's Age at Time of Claim	MEMBER			DEPENDENT	
	Group Term Life Insurance	Group Accidental Death & Dismemberment Insurance	Total Benefit For Accidental Death	Spouse	Child(ren)
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000 (Live birth up to age 26)
25 - 29	\$170,000	\$100,000	\$270,000	\$20,000	
30 - 39	\$100,000	\$100,000	\$200,000	\$20,000	
40 - 44	\$65,000	\$100,000	\$165,000	\$18,000	
45 - 49	\$40,000	\$100,000	\$140,000	\$15,000	
50 - 54	\$30,000	\$100,000	\$130,000	\$10,000	
55 - 59	\$18,000	\$100,000	\$118,000	\$7,000	
60 - 64	\$12,000	\$100,000	\$112,000	\$5,000	
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	

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# Flexible Spending Accounts (FSAs)

Administered by Further

You can save money on your health care and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pre-tax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Depending on your VEBA/HSA elections, you may be eligible for a Full FSA or a Limited FSA. If you elect to have any money going into an HSA you are eligible for a Limited FSA which means you can only use those funds for dental and vision expenses.

- Healthcare Spending Limit: \$2,550
- Dependent Care Spending Limit: \$5,000

## Here's How an FSA Works

- You decide the annual amount you want to contribute to either or both FSAs based on your expected health care and/or dependent childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
- If you are actively participating in an HSA your Medical FSA will be limited to dental and vision.

## How to Access Your Account Information

- Visit [www.hellofurther.com](http://www.hellofurther.com)
- Download the app
- Visit [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com)



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# Vision Plan

Crow Wing County offers a voluntary vision plan that saves you money towards the purchase of contacts or glasses. Local in-network providers include Costco, Walmart, Pearle Vision and Associates in Eyecare. Additional providers include 1-800-CONTACTS and GLASSES.COM

Vision Plan	
Service & Description	Value Enhanced
Monthly cost	Employee: \$5.85      Family: \$14.05
<b>Eye Exam</b>	Covered in your health plan
<b>PRESCRIPTION GLASSES</b>	<b>**Benefit available for eyeglass lenses or contact lenses once every 12 months**</b>
<b>Lenses:</b> Single vision, lined bifocal, trifocal, lenticular	100% after \$10 copay
<b>Frames:</b> Two frame frequency options available	
<b>Davis Vision Exclusive Collection*</b>	
- Fashion Level	100% - no copay
- Designer Level	100% - no copay
- Premier Level	100% - \$25 copay
<b>Non-Davis Vision Exclusive Collection</b>	
- VisionWorks Series	No copay, plan pays up to \$180 plus 20% of the remaining cost s**
- Frames available from other participating retailers	No copay, plan pays up to \$130 plus 20% of the remaining costs**
<b>EYEGLASS ENHANCEMENTS</b>	
<ul style="list-style-type: none"> <li>• Tinting of plastic lenses</li> <li>• Scratch-resistant coating</li> <li>• Polycarbonate lenses</li> <li>• **Dependent children, monocular patients and those with a prescription of + / - 6.00 or greater</li> <li>• ** Adults</li> <li>• Ultraviolet coating</li> <li>• Antireflective coating</li> </ul>	<p>Member pays: \$20 Standard: \$0 / Premium: \$30</p> <p>Member pays: \$0</p> <p>Member pays: \$30 Member pays: \$12 Standard: \$35 / Premium: \$48 Ultra: \$60 / Ultimate: \$85</p> <p>Standard: \$50 / Premium: \$90 Ultra: \$140 / Ultimate: \$175</p> <p>Member pays: \$55 / \$120</p> <p>Member pays: \$75</p> <p>Member Pays: \$65</p> <p>Single vision: \$20</p>
<ul style="list-style-type: none"> <li>• Progressive lenses</li> <li>• High-index lenses</li> <li>• Polarized lenses</li> <li>• Plastic photochromic lenses</li> <li>• Scratch protection lenses</li> </ul>	
<b>CONTACT LENSES</b>	<b>**Benefit available for eyeglass lenses or contact lenses once every 12 months**</b>
<b>Collection contact lenses</b>	
- Disposable	Up to 4 boxes/multi-packs
- Non-disposable	Up to 2 boxes/multi-packs
- Evaluation, fitting and follow-up care	100% after \$10 copay
<b>Non-collection contact lenses allowance</b>	Plan pays \$130 plus 15% of remaining costs**
- Evaluation, fitting and follow-up care for standard lenses	100% after \$10 copay
- Evaluation, fitting and follow-up care for specialty lenses	\$10 copay, after copay, plan pays up to \$60 plus 15% of remaining costs**
<b>Visually required contact lenses</b> (preauthorization required)	
- Materials	100%
- Evaluation, fitting and follow-up care	100% after \$10 copay
<b>Eligible Dependents</b>	
Spouse and dependent children up to age 26	



# Disability Insurance

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. Disability insurance provides income replacement benefits for you in the event you are unable to work due to an accident or sickness.

Employees regularly scheduled to work 30 or more hours per week are eligible for both short-term and long-term disability benefits after 6 months of employment. Disability insurance is provided at no cost to the employee. Please contact your HR department for full details.

## Short-Term Disability Insurance

Insured by Crow Wing County

Benefits begin on the first day following the earlier of 14 consecutive calendar days of absence or the equivalent of 80 scheduled work hours lost within a 14 consecutive calendar day period attributable to a qualifying disability. The benefit provides income replacement of up to 50% of regular pay subject to a maximum limit of \$1,000 per week. The benefit continues for the duration of the qualifying disability up to a maximum of twelve weeks, the onset of LTD benefits or the employees release to return to work in their pre-disability assignment or a modified duty assignment providing such assignment is available.

## Long-Term Disability Insurance

Insured by Prudential

A Long-Term Disability plan is provided for regular full-time and part-time staff working at least 30 hours per week following the completion of a six-month eligibility period. The plan pays 50% of salary up to a maximum of \$4,000 per month and begins following the 90<sup>th</sup> day of total disability. The maximum benefits duration is up to the social security normal retirement date.

# Public Employees Retirement Association (PERA)

As a PERA member, you contribute a percentage of every paycheck to PERA. In exchange, we provide you a lifetime benefit. Unlike most retirement plans today; traditional pension plans like PERA – also known as defined benefit or DB plans – provide you with the security of a lifetime benefit.

	Member Contribution	Employer Contribution	Vesting Schedule*	Full Retirement Eligible
Coordinated Plan	6.50% of Salary	7.50% of Salary	100% after 5 years	Full retirement age under Social Security (but no later than age 66) and one year of service.
Detention Officers	5.83% of Salary	8.75% of Salary	50% after 5 years; +10% per year until 100% at 10 years	Age 55+ and fully vested; OR Social Security age and one year of service
Police & Fire Plan	11.8% of Salary	17.7% of Salary	50% after 10 years; +5% per year until 100% at 20 years	Age 55+ and fully vested; OR Social Security age and one year of service

\*Being vested means you qualify for benefits at the minimum allowable age. Vesting and full retirement details shown are applicable to new PERA members and may vary for members who first entered the plan at an earlier date.

## How to Access Your Account Information

- Visit [www.mnpera.org](http://www.mnpera.org) and click on My PERA Login.



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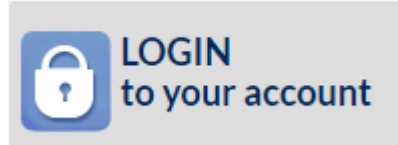
# Health Care Savings Plan (HCSP)

Administered through MSRS

The HCSP is a post-retirement health care savings plan sponsored by the employer that allows employees to save money to pay medical expenses and/or health insurance premiums after termination of public service. Participation in these programs depends on the employee's union contract.

## How to Access Your Account Information

- Visit [www.msrs.state.mn.us/home](http://www.msrs.state.mn.us/home) and Login to your account.



# MN Deferred Compensation Plan (MNDCP)

Available through MSRS

The Minnesota Deferred Compensation Plan (MNDCP) is a voluntary savings plan intended for long-term investing for retirement. Authorized under Section 457 of the Internal Revenue Code, the MNDCP is a smart and easy way to supplement retirement income from your Minnesota public pension and Social Security benefits.

## Contributions

You may contribute to your MNDCP on a pre-tax or post-tax basis through payroll deduction. You can enroll or make changes to this plan at any time – there is no “open enrollment” period for Deferred Compensation. Contact Human Resources for an enrollment packet or visit [www.msrs.state.mn.us](http://www.msrs.state.mn.us).

## Annual Limits

Total annual contributions to the plan cannot exceed statutory limitations. 2020:

Annual Contribution Limit (Normal Deferral):	\$19,500
“Age 50” Catch Up Limit (Additional \$6,000):	\$26,000
“Pre-Retirement” Catch Up Limit (Double Normal Deferral):	\$39,000

\*2021 annual contribution limits have not been released at the time this booklet was completed

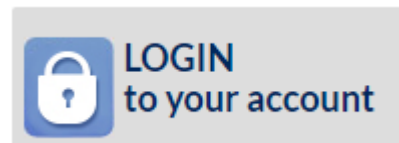
The “age 50” catch-up provision increases the annual 457 contribution limits for participants who are 50 or older. The “pre-retirement” catch-up provision allows eligible participants to make up for years in which they did not contribute the maximum that they were allowed. Using this provision, they can contribute up to double the regular contribution limit for a period of three years immediately preceding their declared normal retirement age. Participants cannot use both types of catch-up provisions in the same calendar year. Contact Minnesota State Retirement System (MSRS) at 800-657-5757 to determine your catch-up provision eligibility.

## Investments

As a participant in the MNDCP, you have access to a wide range of investment options selected by the Plan. Keep in mind that investing involves market risk, including possible loss of principal. To learn more about your investment options visit [www.msrs.state.mn.us](http://www.msrs.state.mn.us) or call 800-657-5757.

## How to Access Your Account Information

Visit [www.msrs.state.mn.us/home](http://www.msrs.state.mn.us/home) and Login to your account.



# Employee Assistance Programs

MCIT (SandCreek)

Whether you or your family need help with your personal life or are having issues at work, the County's Employee Assistance program (EAP) is here for you. Call 24/7 for help from a counselor finding child care, dealing with a loss, finding community resources and more.

EAP counselors are ready to give you the type of support you need. Just call and they will listen to your concerns, give you guidance and help you find solutions that are right for you. Here are just a few things they can help you with:

- Marital issues
- Substance abuse
- Balancing work and family
- Personal relationships
- Financial concerns
- Child care and elder care
- Mental and emotional health
- Grief and loss
- Parenting
- Divorce
- Job stress
- Finding community resources
- Legal issues

## Paid Time Off (PTO)

Years of Service	Days Earned Per Month	Hours Earned per Month	Days Earned per Year	Hours Earned per Year
0-3	1.75	14	21	168
4-5	2.00	16	24	192
6-7	2.25	18	27	216
8-15	2.50	20	30	240
16-19	2.75	22	33	264
20+	2.83	22.67	34	272

\* Employees may carry over up to 480 hours of PTO.

## Paid Holidays

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day (4 hours)
- Christmas Day

## Funeral Leave

Employees have paid funeral leave of absence up to 3 days or a maximum of 24 hours for the death of an immediate family member.

# Wellness Incentives and Tools

## Vitals Smart Shopper

- This online tool allows employees to comparison shop for health care based on cost, quality and convenience. Locate the best doctor, health professional or care facility near you by visiting [www.Vitals.com](http://www.Vitals.com).

## Omada

- Omada is a digital lifestyle change program. They combine the latest technology with ongoing support so you can make the changes that matter most – whether that's around eating, activity, sleep or stress. It's an approach shown to help you lose weight and reduce the risks of type 1 & 2 diabetes and heart disease. To get started visit <https://go.omadahealth.com/mhc>

## Learn to Live

- If you're experiencing insomnia, stress, excessive worry or depression, Learn to Live is an online cognitive behavioral program that can help you work through those issues when and where it's convenient for you — and it's proven to work. To get started, visit [www.learntolive.com/partners](http://www.learntolive.com/partners) and use code MHC

## Sharecare Fitness Incentive

- Employees enrolled in a county sponsored Blue Cross Blue Shield health plan may earn a \$20 gift card per month (up to 2 individuals in household) if they track the equivalent of 10,000 steps per day for 21 days. Log into your BCBS online portal at [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com) to get started.
- Sharecare is a digital health solution that helps people manage all their health in one place. Best of all, the Sharecare app is tested and proven to drive sustained engagement and improve outcomes. By tapping into the world's largest collective health IQ, members receive personalized insights, information, daily tracking, innovative programs, and one-of-a-kind tools to live their healthiest lives. All in a totally secure, easy-to-use environment. This app has an AskMD option which allows you to get answers to what might be bothering you and help you prepare for a visit with a doctor.

## Fit Kits

- Fit kits are take home kits that include exercise equipment. It was set up by the Crow Wing County Wellness Committee. The contents of the storage bin kit include exercise mats, foam rollers, yoga blocks, stability ball (with pump), resistance bands, sliders, wrist and ankle weights, sanitary wipes, and instructional guides. These kits can be checked out by contacting HR or a WE Committee member.



# Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or the human resources department at 822-7030 or [hr@crowwing.us](mailto:hr@crowwing.us).

Benefit	Administrator	Phone	Website
Medical BCBS	Blue Cross Blue Shield	888-878-0136	<a href="http://www.bluecrossmnonline.com">www.bluecrossmnonline.com</a>
	David Johnson	218-824-9200	
Dental	Delta Dental	800-448-3815	<a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a>
Vision BCBS	David Johnson	218-824-9200	
HSA/VEBA/FSA	Further	800-859-2144	<a href="http://www.hellofurther.com">www.hellofurther.com</a>
Life Insurance	David Johnson	218-824-9200	
PERA Life	NCPERS	1-800-652-9026	<a href="http://www.gallagherbyerlyinc.com/ncpers_mn/">www.gallagherbyerlyinc.com/ncpers_mn/</a>
PERA	PERA	800-652-9026	<a href="http://www.mnpera.org">www.mnpera.org</a>
Deferred Compensation	MSRS - Michelle Redfield	800-657-5757	<a href="http://www.mndcplan.com">www.mndcplan.com</a>
HCSP	MSRS	800-657-5757	<a href="http://www.msrs.state.mn.us">www.msrs.state.mn.us</a>
EAP	MCIT - SandCreek	1-800-550-6248	<a href="http://www.sandcreekeep.com">www.sandcreekeep.com</a>

