



2022 Crow Wing County Benefits

“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
- PERA (Public Employee Retirement Association)
- Disability Insurance
- HCSP (Health Care Savings Plan)
- MN Deferred Compensation Plan (MNDPCP)
- PTO (Paid Time Off)
- Holidays
- Funeral Leave
- Employee Wellness/Assistance
- Other Perks



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.



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) for each of the BlueCross BlueShield health insurance plan designs offered through Crow Wing County on our SharePoint site under the benefits section. Log into your online BCBS portal to access the complete Summary Plan Description (SPD).

Medical Plan Options

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

- Aware Network – Allows access to any BCBS Provider.
- GenRX Formulary

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

- Aware Network – Allows access to any BCBS Provider
- FlexRX Formulary

Minimum Value Plan (MVP) \$6750 (S) and \$13500 (F)

- Aware Network – Allows access to any BCBS Provider
- 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.



Health Premium Rates

The rates listed below are not 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
Single	\$69.36	\$219.14	\$58.33
Single +1	\$138.35	\$465.90	\$87.50
Family	\$198.33	\$676.67	\$116.67

	HDHP 3375/6750 Aware** FlexRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
Single	\$71.76	\$216.74	\$70.32
Single +1	\$137.09	\$442.91	\$105.47
Family	\$193.17	\$632.08	\$140.63

	Min Value Plan 6750/13500 Aware*** KeyRX		
	Employee Cost per Pay Period	Employer Contribution per Pay Period	Employer Contribution to HSA/VEBA
Single	\$77.57	\$169.68	\$140.63
Single +1	\$153.94	\$404.81	\$210.94
Family	\$178.65	\$433.35	\$281.25

Dental Premium Rates

	Employee Cost per Pay Period	Employer Contribution per Pay Period
Single	\$4.18	\$16.72
Single +1	\$8.15	\$32.60
Family	\$12.42	\$49.71

Vision Premium Rates

	Employee Cost MONTHLY
Single	\$5.85
Single +1	\$10.96
Family	\$16.85

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

January 1, 2022 (updated)

	In network* Aware	Out of network**
Calendar-year deductible. No Fourth Quarter Carryover	Medical and prescriptions combined \$2,800 individual \$5,600 family Embedded	
Coinsurance	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and 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 \$2,800 individual \$5,600 family	Medical and prescription combined \$3,500 individual \$6,500 family
Benefit payment levels	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.
Preventive care •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
Omada® •diabetes and cardiovascular disease (Generic Program)	0%	No coverage
Physician services •e-visits •retail health clinic (office visit) •physician office visits •office and outpatient lab diagnostic imaging •allergy injections and serum •Urgent care professional services	First 5 e-visits -0% coinsurance subsequent 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
Other professional services •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
Hospital inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital outpatient services •facility lab services •facility diagnostic imaging •chemotherapy and radiation therapy •scheduled outpatient surgery •urgent care services (facility services)	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

Emergency care •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	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Bariatric surgery	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Assisted Fertilization	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visit) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Select Network retail (31-day limit) Gen Rx preferred drug list • closed plan design • Preferred generic • Preferred brand • Nonpreferred • 90dayRx – Mail order pharmacy (90-day limit) Gen Rx preferred drug list • Closed plan design • preferred generic • preferred brand • Nonpreferred • 90dayRx – Retail pharmacy (90-day limit) Gen Rx preferred drug list • Closed plan design • preferred generic • preferred brand • Nonpreferred	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage No coverage No coverage No coverage 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. The drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."		

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.

***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 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.

****The inclusion of coverage for five free e-visits for HSA plans will be contingent upon the current HSA telehealth exception being extended or being made permanent through additional legislation. The current HSA exception in the CARES ACT is set to expire on 12/31/2021.**

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

January 1, 2022 (updated)

	In network* Aware	Out of network**
Calendar-year deductible. No Fourth Quarter Carryover	Medical and prescription combined \$3,375 individual \$6,750 family Embedded	
Coinsurance	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum 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
Benefit payment levels	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.
Preventive care •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
Omada® •diabetes (Type 2 program) •diabetes and cardiovascular disease prevention (generic program)	0% 0%	No coverage No coverage
Physician services •e-visits •retail health clinic (office visit) •physician office visit •office and outpatient lab diagnostic imaging •allergy injections and serum •urgent care professional services	First 5 e-visits 0%, subsequent 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 Deductible then 20% coinsurance
Other professional services •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 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Hospital inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital outpatient services •facility diagnostic imaging •facility lab services •chemotherapy and radiation therapy •physical, occupational and speech therapy •scheduled outpatient surgery •urgent care (facility 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

Emergency care •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	
Durable medical equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Bariatric surgery	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Assisted Fertilization	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Select Network retail (31-day limit) Flex Rx preferred drug list • closed plan design • preferred generic • preferred brand • Nonpreferred • Specialty Preferred Drug List • 90dayRx – Mail order pharmacy (90-day limit) Flex Rx preferred drug list • Closed plan design • preferred generic • preferred brand • Nonpreferred • 90dayRx – Retail pharmacy (90-day limit) Flex Rx preferred drug list • Closed plan design • preferred generic • preferred brand • Nonpreferred	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	Deductible then 20% coinsurance Deductible then 20% coinsurance No coverage
	Deductible then 100% coinsurance	No coverage
	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	No coverage No coverage No coverage
	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 bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."</p>		

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**\$6,750/\$13,500
Aware Network**

January 1, 2022 (updated)

	In Network	Out of Network
Calendar-year deductible. No Fourth Quarter Carryover	\$6,750 individual \$13,500 family	\$13,500 individual \$27,000 family
Coinsurance (what the member pays)	Deductible then 0%	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum 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
Benefit payment levels	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.
Preventive care •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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Omada® •diabetes •diabetes and cardiovascular disease	0% 0%	No coverage No coverage
Physician services •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	First 5 e-visits 0%, subsequent 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 Deductible then 50% coinsurance
Other professional services •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
Inpatient hospital services	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services •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
Emergency care •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	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Bariatric surgery	No coverage	
Assisted Fertilization	No coverage	
Behavioral health (mental health and substance abuse services) • 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
Prescription drugs – Essential Network retail (31-day limit) KeyRx preferred drug list • closed plan design • Tier 1 • Tier 2 • Tier 3 • Tier 4 Specialty Drugs • Tier 1 • Tier 2 • Tier 3 • Tier 4 • 90dayRx – Mail order pharmacy (90-day limit) KeyRx preferred drug list • Closed plan design • Tier 1 • Tier 2 • Tier 3 • Tier 4 • 90dayRx – Retail pharmacy (90-day limit) KeyRx preferred drug list • 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.	

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***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.)

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For more information, visit 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.

**The inclusion of coverage for five free e-visits for H SA plans will be contingent upon the current H S A telehealth exception being extended or being made permanent through additional legislation. The current H S A exception in the CARES ACT is set to expire on 12/31/2021.

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 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. 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 2022, the maximum contributions into the HSA as established by the US Department of Treasury are:

- \$3,650 single coverage
- \$7,300 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



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.

How to Access Your Account Information

- Visit www.hellofurther.com
- Download the app (Further Mobile)
- Visit www.bluecrossmnonline.com



Further Mobile
Further

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.

How to Access Your Account Information

- Visit www.hellofurther.com
- Download the app (Further Mobile)
- Visit www.bluecrossmnonline.com



Further Mobile
Further

Dental Benefits

Administered by Delta Dental

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

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 for more information.

Delta Dental Plan			
SINGLE: Employee: \$4.18 Per Pay/Employer: \$16.72 Per Pay SINGLE+1: \$8.15 Per Pay/Employer: \$32.60 Per Pay FAMILY: Employee: \$12.42 Per Pay/Employer: \$49.71 Per Pay			
Service & Description	PPO Network	Premier Network	Non-Participating
Diagnostic & Preventive Services Exams & cleanings, x-rays, fluoride treatments, space maintainers	100%	100%	100% of maximum allowable fee**
Basic Services 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**
Endodontics Pulpotomies on primary teeth for dependent children, root canal therapy on permanent teeth	80%	80%	80% of maximum allowable fee**
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80% of maximum allowable fee**
Oral Surgery Surgical/Nonsurgical extractions, all other oral surgery	80%	80%	80% of maximum allowable fee**
Major Restorative Crowns and composite resin restorations (white fillings) on posterior (back) teeth	50%	50%	50% of maximum allowable fee**
Prosthetic Repairs and Adjustments Denture adjustments and repairs, bridge repair	50%	50%	50% of maximum allowable fee**
Prosthetics Dentures (full and partial), bridges	50%	50%	50% of maximum allowable fee**
Orthodontics 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**
Deductible Per person/per family (calendar year) No deductible for diagnostic and preventive services or orthodontics	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Plan Maximum Per person	\$1,000	\$1,000	\$1,000
Lifetime Ortho Maximum Per covered person	\$1,000	\$1,000	\$1,000
Eligible Dependents 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

Member's Age at Time of Claim	MEMBER			DEPENDENT	
	Group Term Life Insurance	Group Accidental Death & Dismemberment Insurance	Total Benefit For Accidental Death	Group Term Life Insurance	
				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	

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: \$2,750
- 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
- Download the app (Further Mobile)
- Visit www.bluecrossmnonline.com



Further Mobile
Further



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	Single: \$5.85 Single +1: \$10.96 Family: \$16.85
Eye Exam	Covered in your health plan
PRESCRIPTION GLASSES	**Benefit available for eyeglass lenses or contact lenses once every 12 months**
Lenses: Single vision, lined bifocal, trifocal, lenticular	100% after \$10 copay
Frames: Two frame frequency options available	
Davis Vision Exclusive Collection*	
- Fashion Level	100% - no copay
- Designer Level	100% - no copay
- Premier Level	100% - \$25 copay
Non-Davis Vision Exclusive Collection	
- VisionWorks Series	No copay, plan pays up to \$180 plus 20% of the remaining costs**
- Frames available from other participating retailers	No copay, plan pays up to \$130 plus 20% of the remaining costs**
EYEGLASS ENHANCEMENTS	
<ul style="list-style-type: none"> Tinting of plastic lenses Scratch-resistant coating Polycarbonate lenses **Dependent children, monocular patients and those with a prescription of + / - 6.00 or greater ** Adults Ultraviolet coating Antireflective coating 	Member pays: \$20 Standard: \$0 / Premium: \$30 Member pays: \$0 Member pays: \$30 Member pays: \$12 Standard: \$35 / Premium: \$48 Ultra: \$60 / Ultimate: \$85 Standard: \$50 / Premium: \$90 Ultra: \$140 / Ultimate: \$175 Member pays: \$55 / \$120 Member pays: \$75 Member Pays: \$65 Single vision: \$20
<ul style="list-style-type: none"> Progressive lenses High-index lenses Polarized lenses Plastic photochromic lenses Scratch protection lenses 	
CONTACT LENSES	**Benefit available for eyeglass lenses or contact lenses once every 12 months**
Collection contact lenses	
- 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
Non-collection contact lenses allowance	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**
Visually required contact lenses (preauthorization required)	
- Materials	100%
- Evaluation, fitting and follow-up care	100% after \$10 copay
Eligible Dependents 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 90th 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.
Corrections Plan	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 and click on My PERA Login.



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 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.

Annual Limits

Total annual contributions to the plan cannot exceed statutory limitations. 2022:

Annual Contribution Limit (Normal Deferral):	\$20,500
“Age 50” Catch Up Limit (Additional \$6,000):	\$26,000
“Pre-Retirement” Catch Up Limit (Double Normal Deferral):	\$39,000

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 or call 800-657-5757.

How to Access Your Account Information

Visit www.msrs.state.mn.us/home and Login to your account.



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.

Employee Wellness/Assistance

Employee Assistance Program (6 FREE sessions)

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/Personal relationships
- Substance abuse
- Balancing work and family
- Financial concerns
- Mental and emotional health
- Grief and loss
- Job stress

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 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 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.

Blue365

- Blue365 offers premier health and wellness discounts and is free to join. Available to employees with BCBS Insurance Coverage. www.blue365deals.com/BCBSMN

Other Perks

Tuition Reimbursement

- Employees may get reimbursed up to \$5,250 each year
- Reimbursement covers tuition for job-related classes, online courses, seminars, and workshops
- Tuition must be for accredited colleges, universities or other approved organizations

Loan Forgiveness Program

- Employees with federal student loans may be able to get relief from their remaining debt
- A federal program offers public and not-for-profit employees loan forgiveness
- Covers certain types of federal student loans and under certain conditions
- For more information visit <https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service>

MN Benefits Association

- Offers benefits like scholarships, auto lease and purchase program, auto insurance, pet insurance, and long term care insurance. Visit <http://minnesotabenefitsassociation.org/>

MN College Savings Plan

- State of MN official Section 529 college savings plan – can use it to save for future higher education costs <https://www.mnsaves.org/>

Mobile Phone Plan Discount

- Employees can get a discounted rate with some mobile providers
- Contact your provider to see if you are eligible

Benefits for Families

- Family insurance coverage including medical, dental, vision and life
- Adoption Assistance through a flexible spending account
- Dependent care assistance through a flexible spending account
- Leave of absence for family illness and family member preparing for military duty
- Employee Assistance Program for you and household members (6 free sessions)
- Financial well-being program for you and household members

Downtown Brainerd Discounts for Employees

- **MUST SHOW ID BADGE TO BUSINESS**
- 612 Station: 10% Discount any regular priced menu item Monday – Thursday
- The Barn: 10% Discount
- Purple Fern: 15% Discount (not valid with other offers and in-store only)
- Knotty Pine Bakery: Free coffee or tea with purchase of bakery item
- Royal Tire (Washington Street): 10% Discount of oil change or per tire purchase. Up to 15% discount on total bill.
- O'Reilly Auto Parts: Technician Discount (Varies by item)

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.

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

