Looking for more information?

Open enrollment meetings
Meetings will be held at worksites across the City throughout the open enrollment period. See the list below for a meeting near you.

minneapolismn.gov/hr/benefits
The City's benefits website is your one-stop shop for details on all employee benefits, including a calculator for flexible spending account savings.

welcometomedica.com/cityofminneapolis
Visit Medica's website for City of Minneapolis employees to view details about your health benefits, search provider networks, review your drug coverage and learn about available health and wellness programs.

City of Minneapolis Human Resources
For questions about your enrollment or premium contribution rate, call us at 612-673-3333 or email benefits@minneapolismn.gov.

Medica Customer Service
For questions about health benefits and the Medica Elect or Medica Choice Passport networks, call 952-945-8000 or 1-800-952-3455.
For questions about the new ACO network options, call Medica's enrollment hotline at 1-855-857-2045.

Open enrollment meetings

Monday, Oct. 31
City of Lakes
309 - 2nd Ave. S
2:00 pm - 3:00 pm

Tuesday, Nov. 1
Hiawatha Public Works Facility
1901 E. 26th St.
7:00 am - 8:00 am

Tuesday, Nov. 1
Crown Roller Mill
105 - 5th Ave. S
1:30 pm - 2:30 pm

Wednesday, Nov. 2
Currie Conference Center
1200 Currie Ave. N
7:00 am - 8:00 am

Wednesday, Nov. 2
Minneapolis Park Board
2117 West River Road
10:00 am - 11:00 am

Thursday, Nov. 3
Minneapolis Park Board
2117 West River Road
1:30 pm - 2:30 pm

Thursday, Nov. 3
Fridley Water Treatment Facility
4300 Marshall St. NE
2:00 pm - 3:00 pm

Friday, Nov. 4
Police 3rd Precinct/311
3000 Minnehaha Ave.
3:00 pm - 4:00 pm

Monday, Nov. 7
Emergency Operations Training Facility (EOTF)
25 - 37th Ave. NE
2:00 - 3:00 pm

Wednesday, Nov. 9
Public Works - District 5
6036 Harriet Ave. S
7:00 am - 8:00 am

Wednesday, Nov. 9
City Hall Room 319
350 S. 5th St.
10:00 am - 11:00 am

Thursday, Nov. 10
Public Works - District 1
1809 Washington St. NE
7:00 am - 8:00 am

Additional meetings may be scheduled.
Visit minneapolismn.gov/hr/benefits for the most current list of open enrollment meetings.

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Minneapolis
City of Lakes

Human Resources Department
250 South 4th Street – Room 100
Minneapolis, MN 55415

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb los txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

COMIFB 0716

Your Guide to Open Enrollment

November 1 - 15, 2016

City of Minneapolis Employee Benefits Program

COM10392-1-00916

MEDICA®

Minneapolis
City of Lakes

Open enrollment is coming up

Open enrollment is November 1 - 15

You can make changes to your benefit elections during the open enrollment period. Here's what you need to know:

1. **Health insurance coverage will continue to be offered by Medica.** The benefit plan design and monthly contribution of $90 (single) or $190 (family) to your HRA/VEBA account will be the same in 2017.

2. **Your provider network options will be different for 2017.** You may enroll in one of four accountable care organization (ACO) networks, the Medica Elect® network or the Medica Choice® Passport network. The Medica Essential℠ network will not be available in 2017. You'll find more information about the provider networks inside this brochure.

3. **Because you did not earn 300 or more points in the wellness program by August 31, you will pay the standard premium contribution rate in the 2017 plan year.** Your monthly premium contribution rate options are listed below. Half of the **monthly** premium contribution will be deducted from each of the first two paychecks you receive per month.

	2017 Employee Contribution Standard Rate		2017 Employer Contribution	
Medica Network	Single	Family	Single	Family
Medica Choice® Passport	$124.00	$396.00	$530.00	$1,436.00
Medica Elect®	$86.00	$286.00	$530.00	$1,436.00
Fairview and North Memorial Vantage with Medica	$58.00	$212.00	$530.00	$1,436.00
Park Nicollet First with Medica	$46.00	$176.00	$530.00	$1,436.00
Ridgeview Community Network™ powered by Medica	$46.00	$176.00	$530.00	$1,436.00
Inspiration Health by HealthEast with Medica	$20.00	$102.00	$530.00	$1,436.00

4. **If you are currently enrolled in Medica Essential and do not choose a new network during open enrollment, you will be enrolled by default into Medica Choice Passport.** If you are currently enrolled in Medica Choice Passport or Medica Elect and do not complete the enrollment process, you will be re-enrolled by default into your 2016 coverage level and network selection.

5. **SelectAccount will be the new administrator for HRA/VEBA, FSAs and the City of Minneapolis transportation plan beginning January 1, 2017.** As a result, you will receive a new health care debit card and register on a new platform. Details will follow in a separate communication.

6. **You must re-enroll in the flexible spending account (FSA) each year to set aside pre-tax dollars for eligible health care and dependent care expenses.** The limit for contributions to your FSA in the 2017 plan year will be $2,550 for health care expenses and $5,000 for dependent care expenses. Any unspent funds greater than $25 but less than or equal to $500 that remain in your health care FSA at the end of the year will be carried over to the next plan year. Dependent care contributions will remain subject to the "use it or lose it" rule each year.

7. **During open enrollment, you may waive, decrease or apply to increase your optional life insurance coverage**. Forms are available at minneapolismn.gov/hr/benefits.

Your provider network options

When you enroll, you must select a single network to provide care for you and all the dependents covered by your plan. Coverage levels are the same across all six networks, but premiums will vary. See the premium rate table on the front cover for details. Following are your provider network options for 2017:

1. **Medica Choice Passport.** You and your dependents may visit any provider in this large national network without a referral. It's a good idea to have a regular primary care provider, but it's not a requirement of this network. The premium for Medica Choice Passport is the highest among your six network options.

2. **Medica Elect.** With this network, you will designate a primary care clinic that is affiliated with a participating regional care system to coordinate your health care needs. You'll need a referral from your primary care clinic in order to see a provider outside of your care system. Each family member can choose a different primary care clinic or care system within the network. You can also change your primary care clinic designation as often as once a month by calling Medica Customer Service.

3. **Fairview and North Memorial Vantage with Medica (ACO)** Includes the University of Minnesota Medical Center, University of Minnesota Masonic Children's Hospital, all Fairview hospitals, North Memorial Medical Center, Maple Grove Hospital and more than 2,500 primary and specialty care physicians at Fairview, North Memorial and other participating clinics. This ACO provides its members with same-day appointments, a 24/7 nurse line and online care through Fairview Zipnosis and North eCare.

Medica Elect Care Systems

Allina Health (Twin Cities area)

Children's Health Network (Twin Cities area)

Hennepin County Medical Center (Twin Cities area)

Integrity Health Network (Duluth area)

Lakeview Medical Care System (Stillwater area)

Minnesota Healthcare Network (Twin Cities and Central Minnesota areas)

Park Nicollet Health Services (Twin Cities area)

RiverWay/North Suburban (Twin Cities area)

St. Luke's Care System (Duluth area)

For reasonable accommodations or alternative formats, please contact the Benefits Office at 612-673-3333. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users can call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700. Yog xav tau kev pab, hu 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Need help finding an ACO network provider?

Call Medica's enrollment hotline at **1-855-857-2045.**

What's an ACO?

In an accountable care organization (ACO), groups of doctors, nurses and other health care providers work together with your health plan to provide coordinated care. That means you receive enhanced care, at a lower cost. When you enroll in an ACO, you can give Medica and your ACO permission to share information with each other. This helps you get the care you need and gives you access to programs and services that can benefit you. You don't need to designate a primary care clinic or get a referral for specialty care within the ACO network, but you must get all of your care from your ACO in order to receive in-network benefits.

4. **Park Nicollet First with Medica (ACO)**
   Includes more than 20 neighborhood Park Nicollet clinics offering primary care, urgent care and specialty care, plus access to Park Nicollet Methodist Hospital, St. Francis Regional Medical Center and other network partners. This ACO network features same-day primary care appointments, a 24/7 nurse line, online diagnosis and treatment for common conditions, free valet parking at selected locations, and discounts at Park Nicollet Health & Care Stores and Park Nicollet pharmacies.

5. **Ridgeview Community Network powered by Medica (ACO)**
   Includes Ridgeview Medical Center and Clinics, Ridgeview Sibley Medical Center, Lakeview Clinics, Wayzata Children's Clinic, Western OB/GYN and select providers at OBGYN West. In addition, Abbott Northwestern Hospital, Hennepin County Medical Center, Two Twelve Medical Center and Children's Hospitals and Clinics are network partners. This ACO network features a navigator to answer questions and assist you with choosing a primary provider, same-day appointments, a 24/7 urgent care and a free meet-and-greet provider visit.

6. **Inspiration Health by HealthEast with Medica (ACO)**
   Includes more than 1,000 primary and specialty care providers affiliated with the east metro area's largest care system. You will have access to HealthEast facilities including Bethesda Hospital, St. John's Hospital, St. Joseph's Hospital and Woodwinds Health Campus. This ACO network features weekend and evening walk-in care, 24/7 appointment scheduling for primary care, a free wellness assessment, discounted wellness services and a care concierge.

To choose the network that works best for you, think about where you already receive health care. If you and your family members already see providers at Fairview, HealthEast, North Memorial, Park Nicollet or Ridgeview – or one of their independent provider partners – an ACO network might be an opportunity to for you to experience more personalized care and service at a lower cost.

When you choose Medica Elect or an ACO network, Medica's Travel Program provides in-network coverage for many types of medical care and access to a broad national provider network when you travel outside of Medica's service area of Minnesota, North Dakota, South Dakota and western Wisconsin. To learn more about the ACO networks, visit **welcometomedica.com/cityofminneapolis.**

City of Minneapolis 2017 Medical Plan Summary of Benefits

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits
Annual Deductible	$2,000 per member $4,000 per family	$3,000 per member $6,000 per family
Annual Out-of-Pocket Maximum	$3,000 per member $6,000 per family	$6,000 per member $12,000 per family
Lifetime Maximum	Unlimited	Unlimited
	When you receive covered services after the deductible has been met, YOU will pay:	**When you receive covered services after the deductible has been met, YOU will pay:**
Preventive Care • Routine Physical & Eye Exams • Immunizations & Cancer Screenings • Well Child Care	*The deductible does not apply.* No charge No charge No charge	 40% 40% No charge
Office Visits • Illness or Injury • Chiropractic Care • Mental Health/Substance Abuse • Physical, Occupational & Speech Therapy	 20% 20% 20% 20%	 40% 40% *Limit of 15 visits per member per year.* 40% 40% *Physical and occupational therapy have a combined limit of 20 visits per member per year. Speech therapy is limited to 20 visits per member per year.*
Prescription Drugs *Visit minneapolismn.gov/hr/benefits for more information about Medica's drug tiers.*	*The deductible does not apply.* Retail: (31-day supply) Generic: $10 copayment Preferred brand: $25 copayment Non-preferred brand: $50 copayment Mail: (93-day supply) Generic: $20 copayment Preferred brand: $50 copayment Non-preferred brand: $100 copayment	The greater of 40% or a $50 copayment per prescription unit. Mail order: No coverage
Specialty Prescription Drugs *Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.* *Visit minneapolismn.gov/hr/benefits for more information.*	*The deductible does not apply.* Retail: (31-day supply) Preferred specialty: $25 copayment Non-preferred specialty: $50 copayment Mail: (93-day supply) Preferred specialty: $50 copayment Non-preferred specialty: $100 copayment	No coverage
Inpatient Hospital Services • Facility • Physician • Mental Health/Substance Abuse	 20% 20% 20%	 40% 40% 40%
Outpatient Hospital Services • Facility • Physician	 20% 20%	 40% 40%
Lab and Pathology	20%	40%
X-Ray and Other Imaging	20%	40%
Urgent or Emergency Care • Urgent Care Center • Hospital Emergency Room • Emergency Ambulance	 20% 20% 20%	 Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
Durable Medical Equipment and Prosthetics	20%	40%

For complete details about your coverage, please contact Medica to review a Certificate of Coverage. In the event of discrepancies between this brochure and the Certificate of Coverage, the Certificate of Coverage will prevail.

To view a longer description of your coverage in a federally-required format called a Summary of Benefits and Coverage, visit minneapolismn.gov/hr/benefits. You may also request a paper copy by calling **612-673-3333** or emailing **benefits@minneapolismn.gov**. Please note that the coverage examples presented in the Summary of Benefits and Coverage are hypothetical and are not based on your actual costs under the City of Minneapolis Medical Plan.

How to enroll

Open enrollment begins on Tuesday, Nov. 1.
You must complete the online enrollment process by 11:59 pm on Tuesday, Nov. 15.

All active employees must enroll online using the COMET system. To log in, visit **minneapolismn.gov/hr/hris** and click **COMET SIGN IN**. Next you will enter your employee ID number and password. The IT Help Desk (673-2525) is available 24/7 to reset your password if necessary.

Once you are signed in, click the following series of links to complete your online enrollment: **main menu > self service > benefits > benefits enrollment**.

New to online enrollment?
Computer lab sessions have been scheduled for those who need computer access and/or assistance. Look for details at your worksite.

You must submit documentation to the Benefits Office for dependents that you add to your plan for the first time. Please visit **minneapolismn.gov/hr/benefits** for detailed instructions if this applies to you.

After the open enrollment period concludes, you will receive a statement confirming the benefits you enrolled in. It is your responsibility to let the Benefits Office know if anything is incorrect on this form before the new plan year begins on January 1, 2017.

You will receive a new Medica ID card in December. Present the new card each time you check in for medical care or pick up a prescription beginning January 1, 2017.

How does the medical plan work?

You will share in the cost of your health care through "up-front" costs (monthly premium contributions) and "pay-as-you-go" or "out-of-pocket" costs. Out-of-pocket costs include:

- **Deductible** – a fixed dollar amount you owe for covered services prior to your health plan paying anything during the plan year. There are separate deductibles for individuals and families, and for in- and out-of-network services. Some services may be excluded from the deductible. For example, preventive care services obtained from in-network providers are covered at 100 percent, even if you have not satisfied your deductible.
- **Coinsurance** – a percentage amount that you owe for covered health care services after a service has been provided and a claim has been processed.
- **Copayment** – the fixed dollar amount you pay when you pick up a prescription.
- **Out-of-pocket maximum** – the highest amount of charges for covered services that you would have to pay in deductibles, copayments and coinsurance during the plan year. After you reach your out-of-pocket maximum, all covered health services will be paid at 100 percent for the remainder of the plan year.