# **Looking for more information?**



#### **Open enrollment information sessions**

Informational events will be held online and at worksites across the City beginning October 24. See the list below.



## minneapolismn.gov/hr/benefits

The City's benefits website is a resource for additional open enrollment information, 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.



#### **HR Service Center**

For questions about your enrollment or premium contribution rate, submit an inquiry by clicking the icon for HR Service Center on your City-issued computer or visiting minneapolis.service-now.com from any browser. You may also call 612-673-2282 and press option 2.



#### **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 ACO networks, call 1-855-857-2045.

# Wednesday, Oct. 24

935 - 5th Ave. SE 7:00 am - 8:00 am

## Thursday, Oct. 25

Public Works - District 1 1809 Washington St. NE 7:00 am - 8:00 am

## Thursday, Oct. 25

Public Works - District 5 6036 Harriet Ave. S 7:00 am - 8:00 am

### Friday, Oct. 26 City of Lakes Room 101

309 - 2nd Ave. S 10:00 am - 11:00 am

## Monday, Oct. 29

**Emergency Operations** Training Facility (EOTF) 25 - 37th Ave. NE 2:00 pm - 3:00 pm

# Monday, Oct. 29

Police 3rd Precinct/311 3000 Minnehaha Ave. 1:00 pm - 2:00 pm

# Tuesday, Oct. 30

105 - 5th Ave. S

2:00 pm - 3:00 pm

Currie Conference Cente 1200 Currie Ave. N 7:30 am - 8:30 am 3:00 pm - 4:00 pm

## Tuesday, Oct. 30

Fridley Water 4300 Marshall St. NE 2:00 pm - 3:00 pm

#### Wednesday, Oct. 31 **Convention Center**

1201 2nd Ave. S 10:30 am - 11:30 am 5:30 pm - 6:30 pm

## Thursday, Nov. 1

Hiawatha Public Works 1901 E. 26th St. 7:00 am - 8:00 am

## Thursday, Nov. 1

## Thursday, Nov. 1

Park Board 2117 W. River Road 2:00 pm - 3:00 pm

## Monday, Nov. 5

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

# Thursday, Nov. 8

Hiawatha Public Works 1901 E. 26th St. 3:00 pm - 4:00 pm

#### Friday, Nov. 2 Webinar \* 11:00 am - noon

Visit **minneapolismn.gov/hr/benefits** for the most current list of open enrollment meetings, webinars and assistance sessions.

\* Access the webinar through minneapolismn.gov/hr/benefits. If you can't participate in the live event, follow the links provided to replay it at a time that's convenient for you.

Minneapolis
City of Lakes

# Your Guide to Open Enrollment

November 1 - 15, 2018



**City of Minneapolis Employee Benefits Program** 

COM10391-1-00918

**MEDICA** 



# Open enrollment is coming up

You can make changes to your benefit elections for 2019 during the open enrollment period. Here's what you need to know:

- 1. Health insurance will continue to be offered by **Medica.** The benefit plan design and the City's monthly contribution of \$90 (single) or \$190 (family) to your HRA/VEBA account will be the same in 2019.
- 2. Your provider network options for 2019 will be the **same.** You may enroll in one of three accountable care organization (ACO) networks, the Medica Elect® network or the Medica Choice® Passport network
- 3. To view the premium contribution rate standard or wellness that you are eligible to enroll in, log in to your benefits enrollment event in COMET. The amount shown below for the network and coverage level of your choice will be deducted from each of your first two paychecks per month.

Open

enrollment

is November

1 - 15

	Amount deducted from each of your first two paychecks in a month					
	Employee Contribution 2019 Standard Rate		Employee Contribution 2019 Wellness Rate		2019 Employer Contribution	
Network Option	Single	Family	Single	Family	Single	Family
Medica Choice® Passport	\$ 73	\$225	\$ 48	\$155	\$280	\$761
Medica Elect®	\$ 48	\$160	\$ 25	\$ 95	\$280	\$761
VantagePlus with Medica <sup>sm</sup>	\$ 33	\$115	\$ 12	\$ 55	\$280	\$761
Park Nicollet First with Medica <sup>SM</sup>	\$ 24	\$ 92	\$ 3	\$ 32	\$280	\$761
Ridgeview Community						
Network® powered by Medica	\$ 24	\$ 92	\$ 3	\$ 32	\$280	\$761

- 4. If you are currently enrolled in the Medica Choice Passport or Medica Elect networks, consider moving to an ACO network for significant premium savings. If you do not complete the enrollment process, you will be re-enrolled by default into your 2018 coverage level and provider network selection.
- 5. You will receive a new Medica ID card in December only if you make changes to your plan, such as adding or removing dependents, switching to a new premium contribution level or changing networks. Be sure to present it each time you check in for medical care or pick up a prescription beginning January 1, 2019. If you participate in Fit Choices, show your new Medica ID card the first time you go to the gym in 2019.
- 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. Contribution limits for 2019 will be displayed in COMET. 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 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. Request an application through the HR Service Center.

# 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. Benefits are the same across all five networks, but premiums will vary depending on the network and coverage level (single or family) you choose. See the premium rate table for details.

**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 five network options.

## **Medica Elect Care Systems**

Allina Health (Twin Cities area)

Children's Health Network
(Twin Cities area)

Hennepin Healthcare (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 612-673-2282. 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.

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.** VantagePlus with Medica<sup>™</sup> (ACO).

Includes physicians from Fairview (which now includes HealthEast), North Memorial Health and many popular independent clinics. As one of the largest accountable care organizations in Minnesota, VantagePlus provides access to 3,500 primary and specialty care physicians, 650 clinics and 12 hospitals. This ACO provides its members with a personal welcome call and a single phone number for all coverage and care questions. Same-day appointments are available for primary care and no referrals are needed for specialty care. Online care and a 24/7 nurse line offer convenient access to care when it's needed most. Plus, unique programs to help improve overall health and wellness are included.



Need help finding an ACO network provider?

Call Medica's ACO 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**<sup>SM</sup> (ACO). Includes more than 20 neighborhood clinics offering primary care, urgent care and specialty care, plus access to Park Nicollet Methodist Hospital, St. Francis Regional Medical Center and Park Nicollet's specialty centers, including the Bariatric Surgery & Weight Center, Frauenshuh Cancer Center, Heart and Vascular Center, Jane Brattain Breast Center, Melrose Center (for eating disorders), Struthers Parkinson's Center, Child and Family Behavioral Health, Joint Replacement Institute, Family Birth Center, Women's Center, and TRIA Orthopaedic Center. This ACO network features: same-day primary care appointments, plus weekend and evening hours; online diagnosis and treatment for 60 common conditions through **virtuwell.com**; a text-message service to guide you to and through appointments; 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 hundreds of primary and specialty care providers at Catalyst Medical Clinic; Lakeview Clinic, Ltd.; Ridgeview Clinics; South Lake Pediatrics; Wayzata Children's Clinic; OBGYN West; and Western OB/GYN, a division of Ridgeview Clinics. In addition, members have access to hundreds of top specialists from across the Twin Cities, including Abbott Northwestern Hospital, Hennepin Healthcare, Two Twelve Medical Center, Ridgeview Sibley Medical Center, Ridgeview Le Sueur Medical Center, Twin Cities Orthopedics, Minnesota Oncology, Minneapolis Heart Institute, Virginia Piper Cancer Institute, and Children's Hospitals and Specialty Clinics of Minnesota. This ACO network features: a navigator to answer questions about network providers, community services and wellness programs; six urgent care locations; same-day primary care appointments; a 24/7 nurse and advisor line; free local home delivery of prescriptions from partner pharmacies; access to online care; and a free meet-and-greet provider visit.

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 (which now includes HealthEast), North Memorial Health, 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.

Visit welcometomedica.com/cityofminneapolis to learn more about your network options.

## **City of Minneapolis 2019 Medical Plan Summary of Benefits**

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits		
Annual Deductible	\$2,000 per member	\$3,000 per member		
	\$4,000 per family	\$6,000 per family		
Annual Out-of-Pocket Maximum	\$3,000 per member	\$6,000 per member		
	\$6,000 per family	\$12,000 per family		
Lifetime Maximum	Unlimited	Unlimited		
	When you receive covered services	When you receive covered services		
	after the deductible has been met,	after the deductible has been met,		
	YOU will pay:	YOU will pay:		
Preventive Care	The deductible does not apply.			
<ul> <li>Routine Physical &amp; Eye Exams</li> </ul>	No charge	40%		
<ul> <li>Immunizations &amp; Cancer Screenings</li> </ul>	No charge	40%		
Well Child Care	No charge	No charge		
Office Visits				
Illness or Injury	20%	40%		
Chiropractic Care	20%	40% Limit of 15 visits per member per year.		
Mental Health/Substance Abuse	20%	40%		
Physical, Occupational & Speech     The state of the	20%	40% Physical and occupational therapy		
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	The deductible does not apply.	TI . 6400/ 650		
Visit minneapolismn.gov/hr/benefits for	Retail (31-day supply)	The greater of 40% or a \$50 copayment		
more information about Medica's drug tiers.	Generic: \$10 copayment Preferred brand: \$25 copayment	per prescription unit.		
	Non-preferred brand: \$50 copayment	Mail arder: No coverage		
	Non-preferred brand. \$50 copayment	Mail order: No coverage		
	Mail (93-day supply)			
	Generic: \$20 copayment			
	Preferred brand: \$50 copayment			
	Non-preferred brand: \$100 copayment			
Specialty Prescription Drugs	The deductible does not apply.			
Up to a 31-day supply per prescription for	Retail (31-day supply)	No coverage		
specialty prescription drugs received from	Preferred specialty: \$25 copayment			
a designated specialty pharmacy.	Non-preferred specialty: \$50 copayment			
	Mail (93-day supply)			
Visit minneapolismn.gov/hr/benefits for more information.	Preferred specialty: \$50 copayment			
for more information.	Non-preferred specialty: \$100			
	copayment			
Inpatient Hospital Services				
• Facility	20%	40%		
• Physician	20%	40%		
Mental Health/Substance Abuse	20%	40%		
Outpatient Hospital Services				
• Facility	20%	40%		
• Physician	20%	40%		
Lab and Pathology	20%	40%		
X-Ray and Other Imaging	20%	40%		
Urgent or Emergency Care				
Urgent Care Center	20%	Covered as in-network benefit		
Hospital Emergency Room	20%	Covered as in-network benefit		
Emergency Ambulance	20%	Covered as in-network benefit		
Durable Medical Equipment and	20%	40%		
Prosthetics				

For complete details about your coverage, please contact Medica to review a Plan Document. In the event of discrepancies between this brochure and the Plan Document, the Plan Document 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 **612-673-2282** and pressing option 2, or submitting an inquiry to the HR Service Center. 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 Thursday, Nov. 1. You must complete the online enrollment process by 11:59 pm on Thursday, 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 (612-673-2525) is available from 5:45 am to midnight on weekdays 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 of your relationship to any dependents that you add to your plan for the first time. Visit **minneapolismn.gov/hr/benefits** for detailed instructions if this applies to you. We are using a new process this year, so you will submit your documentation electronically through the HR Service Center. After logging in to the HR Service Center, follow these links to upload your dependent documentation: **submit HR request > dependent documentation > open enrollment**.

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, 2019.

# 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.