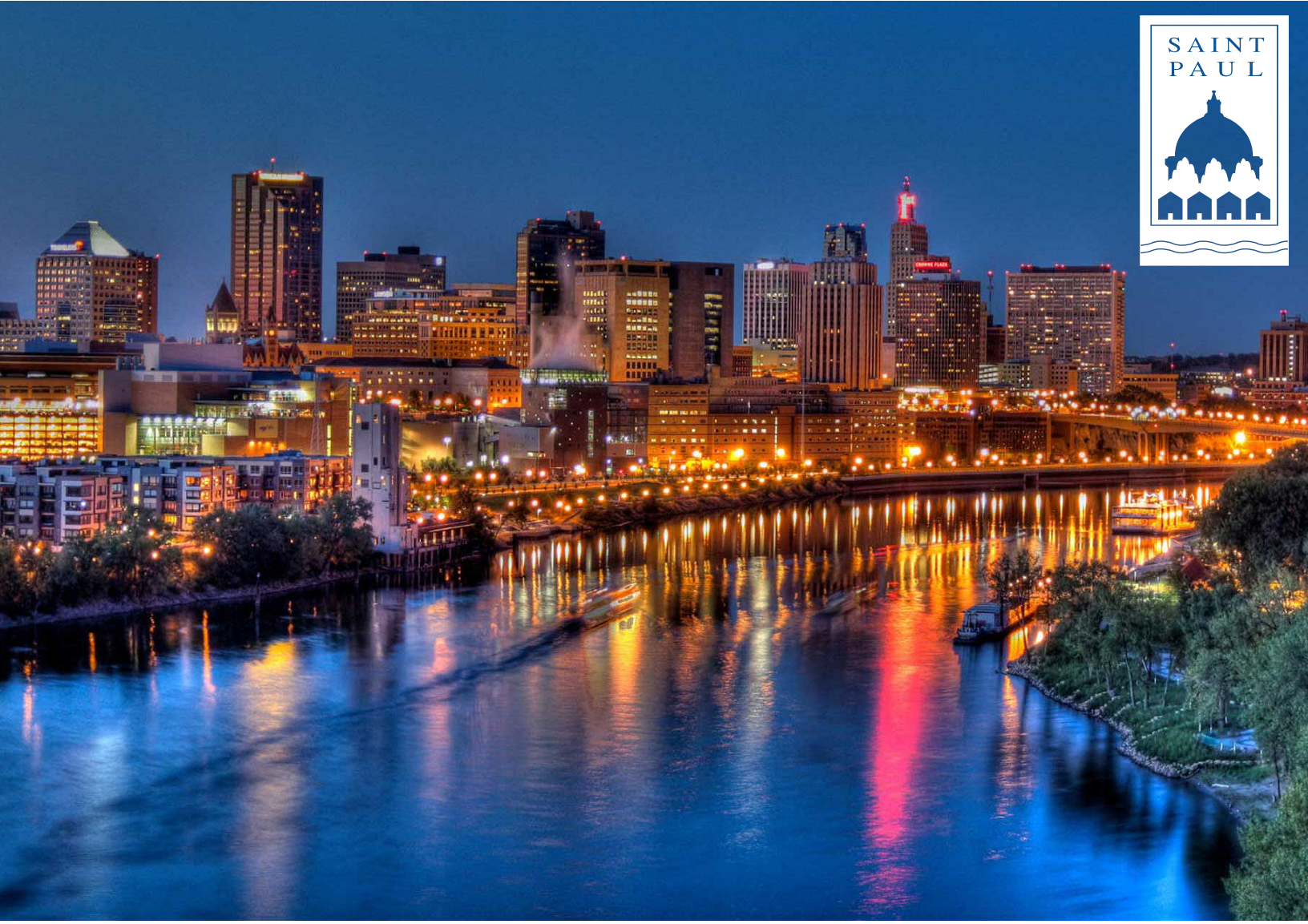

2018 Employee Benefits Book

City of Saint Paul

Table of Contents

Medical Insurance

Your Medical Insurance Coverage

The medical plan options provide regular medical care and pharmacy benefits for the diagnosis and treatment of most illnesses and injuries. In-network preventive care is covered at no cost to you.

There is no pre-existing condition clause. This means that you and your eligible dependents have coverage for any medical condition, including pregnancy, as soon as your coverage becomes effective.

Medica administers the City of Saint Paul plans for employees and their families.

Plan options

We offer a $2,500 deductible plan with four network options and a copay plan with one network option.

All medical plans include preventive dental benefits through Delta Dental. For more comprehensive dental coverage you can enroll in the Optional Delta Dental Plan. Please see the Dental section of this book on page 9 for more information.

Rate tiers

Who you cover under your plan determines which rate tier will apply to you:

- Employee only
- Family (employee + spouse and/or dependents)

Depending on your bargaining contract you may also waive or elect not to have coverage.

2018 monthly rates

Plan	Employee only	Family
$2,500 Choice with UHC PPO	$613.50	$1,603.92
$2,500 Elect Plan	$572.66	$1,497.14
$2,500 Vantage Plus	$555.16	$1,451.38
$2,500 Park Nicollet First	$555.16	$1,451.38
Copay Choice with UHC PPO	$778.86	$2,044.34

Employee contributions are determined by your specific bargaining contract or City Council Resolution. Please check Infor/Lawson for your per paycheck contribution for each plan.

How to enroll

Make your selection online through Infor/Lawson within the first 30 days of your employment or newly benefits-eligible position.

The City hosts an annual open enrollment period every October when benefits eligible employees can make changes to their elected benefits including adding or removing dependents.

Medical Plan Network Descriptions

Medica Choice Passport—$2,500 Choice with UHC PPO Plan & Copay Choice with UHC PPO Plan
Nationwide network

The Medica Choice Passport national network has the largest number of providers to choose from. With hundreds of thousands of providers throughout the county, there's a good chance your current doctors are included in the Medica Choice Passport network.

Medica Elect—$2,500 Elect Plan
Care systems network in Minnesota and northwestern Wisconsin including Allina, Hennepin County Medical Center, and Park Nicollet.

The Medica Elect care system network is made up of several groups of doctors, nurses and other health care providers that work together to take care of you. With Medica Elect, you enroll in a primary care clinic. This is the main place you'll go when you need care. Each family member can choose a different primary care clinic. Your primary care clinic is affiliated with a care system. If you need to see a specialist or go to the hospital, make sure they're in your care system. If you need to be referred to an out-of-network provider, you must also get Medica's approval.

You and your family members can each choose a primary care clinic (PCC) from care systems in the Elect network. Each primary care clinic has a PCC number attached to it. You'll need that 11-digit number when you enroll.

If you decide to change your clinic during the year, just contact Medica's member services at 952-992-1814 or 877-252-5558 by the 20th of the month. Your request to change will go into effect the first of the following month. You can change clinics more than one time per year.

VantagePlus with Medica—$2,500 Vantage Plus
Accountable care organization (ACO) network in Twin Cities metro area including Fairview and HealthEast.

In the VantagePlus with Medica accountable care organization network, 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, usually at a lower cost.

Park Nicollet First with Medica—$2,500 Park Nicollet First
Accountable care organization (ACO) network in Twin Cities metro area including Park Nicollet.

In the Park Nicollet First accountable care organization network, 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, usually at a lower cost.

Please note the Park Nicollet First network does not include HealthPartners Medical Group clinics.

Choose your medical plan and network carefully!
You will not be allowed to change your medical plan/network after completing your enrollment unless you experience a life event.

FOR MORE INFORMATION
Medica Customer Service: 855-857-2045; TTY users, please call 711
Pre-enrollment site: www.welcometomedica.com/cityofstpaul

Medical Pharmacy Benefits

Your plan covers a variety of prescription drugs and includes options for filling your prescriptions.

Covered drugs are shown on the Medica drug list. This list includes both brand-name and generic drugs, and is reviewed and updated regularly by a group of independent physicians and pharmacists. Your doctor can use this list to choose the medications that are right for you, while helping you get a good value.

The drug list is divided into three groups, which determine your share of the costs:

- Generic drugs have the lowest copay of $10.
- Preferred brand drugs have higher copay of $35.
- The copay for non-preferred brand drugs is $50. These drugs often have a much higher cost and there is usually an equivalent preferred brand option.

In addition, to a lower out-of-pocket cost to you generic and preferred brand drugs also have a lower cost to the plan which helps keep premiums affordable.

How do I fill my prescriptions?

You can fill your prescriptions at a retail pharmacy in Medica's large pharmacy network. The network includes chain pharmacies like Walgreens and CVS pharmacy as well as neighborhood pharmacies.

Mail order

If you have a prescription for a long-term condition, getting your drugs through the mail may be a convenient option for you. With mail order, you can have a 90-day supply of ongoing medications mailed right to your home with no shipping or handling fees.

What is a specialty drug, and how do I get a specialty prescription filled?

Some medications are considered specialty drugs. These drugs are used to treat certain complex health problems. Specialty drugs tend to be very expensive and may need special handling. Most of these prescriptions can be filled through Medica's designated specialty pharmacy, Accredo.

FOR MORE INFORMATION

Medica Customer Service: 855-857-2045; TTY users, please call 711
Pre-enrollment site: http://cityofstpaul.welcometomedica.com/home
Member site: www.mymedica.com
www.medica.com

Medical Plan Comparison

	$2,500 Choice with UHC PPO Plan, $2,500 Elect Plan, $2,500 Park Nicollet First Plan, $2,500 VantagePlus Plan		Copay Choice with UHC PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	$2,500 per person $3,500 per family	$3,000 per person $5,500 per family	No deductible	$300 per person $900 per family
Annual out-of-pocket limit	$3,500 per person $3,500 per family	$5,000 per person $7,000 per family	$3,000 per person $5,000 per family	$4,000 per person $6,000 per family
Primary care visit, chiropractic visit, specialist visit	20% coinsurance	35% coinsurance	$35 copay/ visit Deductible does not apply	35% coinsurance
Convenience care visit	20% coinsurance	35% coinsurance	$15 copay/ visit Deductible does not apply	35% coinsurance
Preventive care/screening/ immunization	No charge Deductible does not apply	Well child care: 0% coinsurance Deductible does not apply Other services: 35% coinsurance	No charge Deductible does not apply	Well child care: 0% coinsurance Deductible does not apply Other services: 35% coinsurance
Diagnostic test (x-ray, blood work)	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Outpatient surgery	20% coinsurance	35% coinsurance	20% coinsurance Deductible does not apply	35% coinsurance
Emergency room care	20% coinsurance	20% coinsurance Covered as in-network benefit	$55 copay/ visit Deductible does not apply	20% coinsurance Covered as in-network benefit
Emergency medical transportation	20% coinsurance	20% coinsurance Covered as in-network benefit	No charge Deductible does not apply	20% coinsurance Covered as in-network benefit
Urgent care	20% coinsurance	20% coinsurance Covered as in-network benefit	$35 copay/ visit Deductible does not apply	20% coinsurance Covered as in-network benefit
Hospital stay	20% coinsurance	35% coinsurance	No charge Deductible does not apply	35% coinsurance
Generic drugs	Retail: $10/ prescription Mail order: $20/ prescription Deductible does not apply	35% coinsurance	Retail: $10/ prescription Mail order: $20/ prescription Deductible does not apply	35% coinsurance
Preferred brand drugs	Retail: $35/ prescription Mail order: $70/ prescription Deductible does not apply	35% coinsurance	Retail: $35/ prescription Mail order: $70/ prescription Deductible does not apply	35% coinsurance
Non-preferred brand drugs	Retail: $50/ prescription Mail order: $100/ prescription Deductible does not apply	35% coinsurance	Retail: $50/ prescription Mail order: $100/ prescription Deductible does not apply	35% coinsurance
Specialty drugs	Preferred: 20% coinsurance; $200 maximum/ prescription Non-preferred: 30% coinsurance Deductible does not apply	Not covered	Preferred: 20% coinsurance; $200 maximum/ prescription Non-preferred: 30% coinsurance Deductible does not apply	Not covered

Unless noted, deductible must be met before coinsurance applies.

This is a summary of your benefits. Not all benefits are listed. In the event of a discrepancy the official plan document(s) will govern.

Medical Network Comparison

	Medica Choice® Passport $2,500 Choice with UHC PPO Plan Copay Choice with UHC PPO Plan	**Medica Elect®** $2,500 Elect Plan	**Park Nicollet First with Medica** $2,500 Park Nicollet First Plan	**VantagePlus with Medica** $2,500 VantagePlus Plan
What kind of network?	Nationwide network	Care system network in Minnesota and northwestern Wisconsin	Accountable care organization (ACO) network in Twin Cities metro area	Accountable care organization (ACO) network in Twin Cities metro area
What are the features?	▪ One of the largest networks in the nation ▪ Nationwide coverage when you travel ▪ No referrals needed	▪ A medium-sized regional network ▪ Nationwide coverage when you travel ▪ A medical home—you choose a primary care clinic and receive care from providers in your care system	▪ Access to an integrated health care system that includes more than 20 neighborhood clinics and features primary care, urgent care and more than 55 medical specialties ▪ Nationwide coverage when you travel ▪ No referrals needed when visiting a Park Nicollet First provider	▪ More than 3,500 primary and specialty care physicians, 650 clinics and 12 hospitals ▪ Nationwide coverage when you travel ▪ No referrals needed when visiting a VantagePlus provider
Who's in the network?	The Medica Choice with UnitedHealthcare Options PPO network includes more than 98% of providers in Minnesota including Allina Health, Fairview Health Services, HealthEast Care System, HealthPartners, Mayo Clinic Health System, North Memorial Health and Park Nicollet. This network will be the closest match to what most City employees currently have.	The following care systems are included in the Medica Elect network: ▪ Allina Health ▪ Children's Health Network ▪ Hennepin County Medical Center ▪ Integrity Health Network ▪ Lakeview Medical Care System ▪ Minnesota Healthcare Network ▪ Park Nicollet Health Services ▪ RiverWay/North Suburban Clinics ▪ St. Luke's Care System	In addition to primary care, specialty care and urgent care, the network includes direct access to Park Nicollet Methodist Hospital and Park Nicollet's specialty centers, including Bariatric Surgery Center, Frauenshuh Cancer Center, Heart and Vascular Center, International Diabetes Center, Jane Brattain Breast Center, Melrose Center (for eating disorders), Struthers Parkinson's Center, Child & Family Behavioral Health (formerly Alexander Center), Joint Replacement Institute, Family Birth Center, Women's Center and TRIA Orthopaedic Center.	As one of the largest accountable care organizations in Minnesota, VantagePlus provides access to the physicians you know and trust from Fairview, HealthEast, North Memorial and many popular independent clinics. While you have access to all University of Minnesota Physician specialists, the University of Minnesota primary care clinics are not in the VantagePlus network.

For more information about your plan and network options, visit welcometomedica.com/cityofstpaul.

VEBA/HRA

The City of Saint Paul has established a health reimbursement arrangement (HRA) that provides tax-free reimbursement of eligible health care expenses not paid by other insurance. Plan benefits are funded by the City using a Voluntary Employees' Beneficiary Association trust (VEBA). Unused funds in members' accounts are permitted to be carried over from year to year to build for future expenses.

VEBA contributions are based on your bargaining unit contract and your medical plan/coverage level:

Medical Plan	Coverage Level	City Contribution
$2,500 Choice with UHC PPO *or* $2,500 Elect Plan *or* $2,500 Vantage Plus *or* $2,500 Park Nicollet First *or*	Single	$75.00 each month ($900 for the year)
	Family	$45.00 each month ($540 for the year)

Please note: Employees can earn an additional monthly VEBA/HRA contribution by completing the requirements of the Healthy Saint Paul program.

Eligible expenses

This account can be used to pay for health care expenses incurred by yourself, your spouse and/or your eligible dependents that are **enrolled** in the City's medical plan:

- The expense would be deductible by you on your federal income tax return if you paid the expense directly, and
- The expense is not paid by any other health plan or from some other source.

Health care expenses include deductibles, coinsurance, copays and other out-of-pocket expenses for medical, prescription drug, dental, and vision. For additional examples see the Health Care FSA section on page 20.

You can participate in both a medical flexible spending account (FSA) and a HRA in the same plan year. If you elect to participate in both, eligible expense reimbursements will always be paid from your FSA account first before they are paid from your VEBA/HRA account. Remember, unused VEBA/HRA funds automatically carry over from year to year. However, expenses do not carry over.

Filing reimbursement claims

CieloStar is the claims administrator. You can submit claims by mail, fax, or on-line. You may elect to receive your reimbursements by check or through direct deposit. Claim forms are available to print from your csp.BenefitReady.com account by clicking on Knowledge Base, Forms. The same claim form can be used for both medical FSA and HRA reimbursements.

See page 23 for more information on how to file a reimbursement claim.

Access to claims and balance information

To access VEBA/HRA claims information/history and balance information, go to your account at csp.BenefitReady.com and click on Flex Plans, and the tab "GoToFSA" site. This will bring you to the WealthCare Admin website. After entering your logon ID and password, you can review your balances, claims history, or look up Frequently Asked Questions. If you have any questions regarding your claim please contact the CieloStar Flexible Spending Department at 1-877-491-5979.

IMPORTANT

Reimbursement requests for the VEBA/HRA must be received at CieloStar prior to the deadline.
Expenses incurred January 1–December 31, 2017 are due by February 15, 2018, 4:30 CT.
Expenses incurred January 1–December 31, 2018 are due by February 15, 2019, 4:30 CT

Frequently asked questions

- **How often is my VEBA/HRA account funded?**

  Your VEBA/HRA account is funded monthly.

- **If I complete the Healthy Saint Paul program requirements what is the additional incentive?**

  Employees enrolled in a qualified City medical plan who complete all the Healthy Saint Paul program requirements by the deadline will receive an additional VEBA/HRA contribution of $75/month.

- **How can I take money out of my VEBA/HRA account?**

  You or your dependents enrolled in the City medical plan must incur a qualified expense and submit a completed Claim Form. You will need to include substantiation of your expenses such as a detailed receipt or an Explanation of Benefits (EOB) from Medica.

- **Can I participate in a flexible spending account also?**

  Yes. If you have both a FSA and HRA submitted expenses will be deducted from the FSA first. Once the FSA is exhausted, then your VEBA/HRA account is debited.

- **Is there any annual "use-it-or-lose-it" requirement?**

  No. Unlike FSAs, unused funds in your VEBA/HRA account are carried over from year to year.

- **What if my expense is more than the balance in my VEBA/HRA account?**

  You can submit the expense, but you will only be reimbursed up to the amount that is in your account at that time. The remainder of the expense will be carried forward until you have additional funds for reimbursement.

- **Are insurance premiums eligible for reimbursement?**

  As an active City employee, only tax-qualified long-term care premiums are eligible for reimbursement up to the IRS limits. All other insurance premiums are not eligible for reimbursement.

- **Whose expenses are eligible for reimbursement?**

  Qualified expenses incurred by you, your spouse, or any tax-qualified dependents that are enrolled in the City medical plan are eligible for reimbursement. Tax-qualified dependents are defined in Internal Revenue Code Section 105(b) and described in IRS Publication 502.

- **What happens if I take a leave of absence?**

  As long as you remain enrolled in the City's medical plan you can continue to submit reimbursements for qualified medical expenses until your funds are exhausted.

- **What happens if I resign, or retire?**

  When you separate from City employment and are not enrolled in COBRA medical coverage any remaining funds in your account will automatically be transferred to the Non-Active VEBA/HRA. You may use your account until funds are exhausted.

- **Can any retiree medical premium be paid from my account?**

  When you separate from City employment at retirement any funds in your account will automatically be transferred to the Non-Active VEBA/HRA. As a participant in the Non-Active VEBA/HRA you can reimburse the cost of any qualified medical insurance plan, including Medicare premiums.

- **What if I die before I use up my VEBA/HRA account?**

  If you are survived by a spouse or dependent children, they may submit requests for medical expenses reimbursements until your account is exhausted. If you have no surviving spouse or eligible dependent(s), the funds remaining in your account will revert back to the VEBA trust.

- **Who is responsible for managing the VEBA/HRA plan?**

  The VEBA is managed by a Labor Trust Committee as defined in the by-laws of the VEBA trust document. The Trustee is U.S. Bank. The HRA is governed by the City of Saint Paul and administered by CieloStar.

Healthy Saint Paul

We're excited to bring you the 2018 Healthy Saint Paul Well-being Program now offered through Medica. By choosing from a variety of Health Activities, you can earn points towards the Healthy Saint Paul Well-being Program incentive AND My Health Rewards by Medica gift cards!

Well-being program highlights

Earn 200 points and receive a $300 HRA contribution. Earn an additional 100 points and receive a $600 contribution for a total of $900 into your Wealthcare account.

200 points	=	$300 HRA contribution
+100 points	=	$600 HRA contribution
300 points total	=	$900 total HRA contribution

How to earn points

Select from the following Health Activities to earn points.

HEALTH ACTIVITIES	POINTS	TIME TO COMPLETE
COMPASS™ Online health assessment	100	15-20 minutes
Biometric Screening	100	15-20 minutes
Phone health coaching	100	3 calls
Omada Program	100	Varies—9+ weeks
NEXT STEP CONSULT™	25	15 minutes
JOURNEYS™	50/each	4-6 weeks
TRACK™	1/day	Up to 200 days
CARE SUPPORT™	200	Varies

You can select any combination of the Health Activities above to earn your points.

Short on time?

Complete the online health assessment, biometric screening and phone coaching to earn **300 points** and the **$900 well-being program incentive**.

Medica Reward gift cards

For even more motivation to get healthy and stay healthy, Medica will send you a $20 gift card for every 100 points you earn (up to 500 points and $100 in gift cards per year). Choose gift cards from a variety of retailers including Target, Amazon, Best Buy and many more.

Program dates

The Well-being Program begins January 1, 2018 and runs through September 30, 2018. More details are available on www.healthy.stpaul.gov.

Well-being program eligibility

Employees who are insured with Medica through the City are eligible to participate.

Dental Insurance

Your Dental Insurance Coverage

If you enroll in the City of Saint Paul medical plan, a preventive dental benefit is included. This Delta Dental preventive plan covers services such as routine exams, cleanings and X-rays. There is no out-of-network coverage in the preventive plan.

PLEASE NOTE:
In the Preventive plan coverage is only available by using a Delta Dental PPO or Premier provider.

If you want additional dental coverage beyond preventive care, you may wish to enroll in the Delta Dental Optional dental plan, which includes coverage for services such as fillings, crowns, oral surgery, orthodontics and more.

2018 monthly optional plan rates

Single	$21.16
Single + 1	$42.26
Family	$76.86

The cost of the preventive plan is included in the medical plan premium.

Plan networks

Delta Dental PPO[SM] Participating Delta Dental PPOSM dentists have agreed to the lowest allowable fee for service, so you will enjoy richer benefits and greater cost savings! There are 1,344 of these unique dental providers in the metropolitan area.

Under the optional plan this network has a $1,250 calendar year maximum.

Delta Dental Premier® The Delta Dental Premier® Network is the largest network in the country, with an average of four-out-of-five dentists participating. Premier network dentists have also agreed to a low fee for service. There are 1,905 of these unique dental providers in the metropolitan area.

Under the optional plan this network has a $750 calendar year maximum.

Out of Network: In the Optional plan members have the freedom to choose any dentist, including those that are not in-network. However, by choosing a non-participating dentist, members may encounter the highest out-of-pocket cost and likely will be balance-billed for dental fees. Please note: not all services include out-of-network coverage. See your benefit booklet for more details.

Visit www.deltadentalmn.org/Find-a-Dentist to make sure your dentist is in-network.

FOR MORE INFORMATION:
Effective 10/1/2017 to 12/31/2017—Toll Free: 1-844-852-1558; Local: 651-456-1558
After 1/1/2018—Toll Free: 1-800-553-9536; Local: 651-406-5916
Monday-Friday: 7a.m.-7p.m. Central
www.deltadentalmn.org

Dental Plan Comparison

	Preventive Dental Plan	Optional Dental Plan		
	This plan is included when you enroll in medical benefits	You may choose to add this coverage to your preventive dental plan. Annual maximums are in addition to the preventive plan benefits, up to $1,250.		
	In-network only	**Delta Dental PPO**	**Delta Dental Premier®**	**Out-of-network**
	Care provided by Delta Dental PPO or Premier network dentists only	Care provided by Delta Dental PPO network dentists only	Care provided by Delta Dental Premier network dentists only	Care provided by non-participating dentists
Calendar Year Plan Maximum Per Person	$500	$1,250	$750	$500
Lifetime Ortho Maximum Per eligible covered dependent child	N/A	$750	$500	N/A
Deductible Per person/per family per calendar year	None	$25/person $75/family	$50/person $150/family	$50/person $150/family
Eligible Dependents	**Spouse and dependent children up to age 26**	**Spouse and dependent children up to age 26**		
Diagnostic & Preventive Services • Exams • Cleanings • X-rays • Fluoride treatments • Space maintainers • Oral hygiene instruction	100%	100%	100%	100%
Basic Services • Emergency treatment for relief of pain • Amalgam restorations (silver fillings) • Composite restorations (white fillings) on anterior (front) teeth	N/A	100%	80%	80%
Endodontics • Root canal therapy on permanent teeth • Pulpotomies on primary teeth for dependent children	N/A	60%	50%	50%
Periodontics • Surgical/nonsurgical periodontics	N/A	60%	50%	50%
Oral Surgery • Surgical/nonsurgical extractions • All other covered oral surgery	N/A	60%	50%	50%
Major Restorative • Crowns • Crown repair	N/A	50%	50%	N/A
Major Restorative • Composite resin restorations (white fillings) on posterior (back) teeth	N/A	80%	80%	N/A
Prosthetic Repairs and Adjustments • Denture adjustments and repairs	N/A	50%	50%	N/A
Prosthetics • Dentures (full and partial) • Bridges • Implants	N/A	50%	50%	N/A
Orthodontics • Treatment for the prevention/ correction of malocclusion—available for dependent children only through age 18	N/A	50%	50%	N/A

Life Insurance

Life insurance is available to eligible City of Saint Paul employees through Securian.

Employer-paid group life insurance

Term life insurance and accidental death or dismemberment insurance is provided by the City of Saint Paul for most of its employees. All employees of the City of Saint Paul who have met the eligibility requirements for the city-sponsored health insurance plan are eligible for employer group life insurance. Infor/Lawson indicates your amount of coverage as specified in your collective bargaining unit agreement or City Council Resolution.

Optional life insurance

The City's optional term life insurance program has been designed exclusively for the City of Saint Paul employees. By updating your life insurance, you can make sure your loved ones would be financially secure if you were to die. In addition to your employer-paid insurance; Infor/Lawson indicates the current amount of life insurance coverage you chose for yourself, your spouse, and your dependents.

Employee optional life insurance

You can apply for up to $300,000 of additional life insurance in increments of $5,000. Your plan covers death from any cause (excludes suicide for two years) after you enroll in the plan.

New employees who enroll in this plan within 31 days of date of hire may elect a Guaranteed Issue amount of insurance, not to exceed the amount shown below per their age at employment.

Age of New Employee	Guaranteed Issue Amounts
Under 35	$100,000
35-39	$50,000
40-44	$35,000
45-59	$25,000
60 and over	$0

After this initial enrollment period, you will have to provide evidence of insurability and complete a health questionnaire. To apply for increased coverage during the annual enrollment, make the election in Infor/Lawson. Directions to complete the online health questionnaire will be sent to you at the conclusion of annual enrollment. Coverage will be effective upon approval of the insurance carrier.

Spouse optional life insurance

This plan offers the opportunity to insure your spouse for up to $300,000 of life insurance in increments of $5,000. It is not necessary to purchase employee life to be eligible for additional spouse life coverage.

New employees who enroll within 31 days of date of hire are eligible for $10,000 of spouse coverage on a guaranteed issue basis. For amounts over $10,000 your spouse will have to provide evidence of insurability and complete a health questionnaire.

Existing employees can make the election during annual enrollment in Infor/Lawson. Your spouse will have to provide evidence of insurability and complete a health questionnaire. Directions to complete the online health questionnaire will be sent to you at the conclusion of annual enrollment. Coverage will be effective upon approval of the insurance carrier.

Please note: If you are applying for coverage as both an employee and a spouse, the total amount of coverage cannot exceed $300,000.

Dependent optional life insurance

This plan also allows you to obtain life insurance coverage for your children. For only 66¢ a month, all of your eligible children can be insured from live birth to 26 years of age. The amount of insurance on the life of each eligible child is $1,000 (live birth up to 6 months) or $10,000 (6 months to 26 years). In addition, if an insured employee's first eligible child dies within 31 days of birth, but prior to the employee enrolling for child life coverage, the insurance amount payable will be $1,000.

All employees may choose this coverage on a guaranteed issue basis. If you select this coverage during annual enrollment it will become effective on January 1.

Please note: If both parents work for the City, only one parent can enroll for the Child Life coverage.

Accidental death and dismemberment (AD&D)

AD&D provides additional financial protection if death or dismemberment results from a covered accident, whether it occurs at work or elsewhere. A matching AD&D benefit is provided for employee basic and optional life insurance; and for spouse optional life insurance.

For example, if an employee or their spouse had $50,000 of life insurance and died due to an accident, $100,000 would be paid to the person designated as the beneficiary. In addition, AD&D pays benefits if an employee or their insured spouse should suffer loss of limb or eyesight. Plan details and exclusions are fully detailed in the certificate.

Monthly benefit and cost

The employee and spouse optional life and AD&D insurance premium is based upon age. (See table below). Rates are determined by your attained age each January 1st.

Employee or Spouse Age per $1,000	Monthly Cost
Under 30	$0.05
30-34	$0.05
35-39	$0.05
40-44	$0.07
45-49	$0.09
50-54	$0.14
55-59	$0.23
60-64	$0.36
65-69	$0.66
70+	$1.07

Beneficiary

It is important you designate who should receive your life insurance at the time of your death. Beneficiary designation is completed online in Infor/Lawson.

If you do not name a beneficiary, or if there is no named beneficiary surviving at the time of your death, the amount of your insurance will be paid according to the following order of priority: 1) Your surviving lawful wife or husband; 2) Your surviving children in equal shares; 3) Your surviving parents in equal shares; 4). The duly appointed legal representative of your estate.

Reporting a claim

Employee Benefits, (651) 266-6492 or (651) 266-8890, can assist you with the proper forms you need to complete for life insurance benefits.

Continuation, conversion and portability

- **Continuation**: If you leave City employment or retire, for 18 months you can continue to purchase term insurance through the City's plan, at the same group rates you were paying as an active employee.
- **Portability:** After 18 months of continuation, you can choose to port your coverage. Portability allows employees who are no longer eligible under the group policy to continue basic and optional term life coverage under the group plan. Spouse and child life coverage may also be ported if the employee continues his or her own coverage.
- **Conversion:** All or part of the insured's life insurance under this policy can be converted to an individual life insurance policy when coverage terminates.

Lifesuite

Your employer group life insurance plan includes the following resources and services at no additional cost beyond the life insurance premiums paid.

LifesuiteLegacy planning resources—from Securian

The Legacy Planning Resources are available to active and retired employees and your families to deal with the loss of a loved one or plan for your own passing. Topics covered include asset distribution, last wishes, estate plans, last will and testament, power of attorney, health care directives, beneficiary designations and document locater. For more information visit: LegacyPlanningResources.com.

Legal, financial and grief counseling—from Ceridian HCM, Inc.

Legal, Financial and Grief Services offer the ability to draft a simple will or other legal documents, a free 30-minute consultation with an attorney for each unique legal issue and guidance from accredited financial consultants regarding credit management, budgeting, mortgage/refinancing, retirement/401K and basic estate planning. This service also provides caring, confidential support with grief, anger or anxiety and access to community resources.

Visit the website at www.lifeworks.com (Username: lfg; Password: resources) or call 1-877-849-6034.

Travel assistance services—from Redpointwtp LLC

Travel Assistance provides all active U.S. employees coverage under the group life insurance program, and their spouses and dependents, with 24/7/365 access to emergency assistance, medical professional locator services, and transport services when traveling 100 or more miles away from home. Online pre-trip resources and assistance replacing lost or stolen luggage, medication or other critical items is also available. In addition, medically necessary repatriation and repatriation of mortal remains is provided.

You do not need to enroll. Just become familiar with the services and use them if and when you need travel assistance. Visit the website at www.lifebenefits.com/travel or call 1-(855)-516-5433 in the U.S. and +1-(415)-484-4677 from all other locations.

Short Term Disability Insurance

Short term disability insurance is available to eligible City of Saint Paul employees through Standard Insurance Company.

Short term disability pays you a monthly income while you recover from a short term (less than six months) injury or illness. The short term disability insurance program allows you to receive your monthly short term disability benefit plus any sick leave or compensated leave you choose to take, as long as you don't receive more than 100% of your normal salary.

Coverage available

Under the City of Saint Paul's plan, you can apply for a monthly benefit of up to $2,000, provided it doesn't exceed 66-2/3% of your gross monthly salary. You could be paid up to a maximum of 26 weeks for short term disability, depending on your physician's verification of disability. You begin to receive the benefits on the first day of an accident, or on the eighth calendar day of an illness which prevents you from working. The claim determination is made within 5 business days from when all the required claim documentation is received. Your first check will arrive within 60 days after you satisfy Proof of Loss.

Enrolling in coverage

Annually during open enrollment, you can make any changes by making a new election or increasing your coverage in Infor/Lawson.

Please note: Employees increasing by more than $100, or enrolling for the first time, will be subject to a late enrollment provision. If subject to this provision, you will have a 60 day benefit waiting period for all non-accident related claims that are filed within the first 12 months of coverage for amounts over the $100 increase or for the full amount of coverage if electing during open enrollment. Benefits due to an accident will still begin on the first day.

New employees who enroll in this plan within 45 days of their date of hire may elect up to their maximum benefit.

Restrictions

The plan doesn't cover injury or sickness resulting from commission of a felony or if benefits are payable under any workers' compensation, employers liability occupational disease law, or similar law or act.

Minimum/maximum benefit

When combined with your short term disability benefit, you may also receive sick pay or partial disability earnings provided you don't exceed 100% of your regular weekly pay. The minimum benefit you will receive from short term disability is $25 per week, even if it exceeds the 100% of weekly pay.

Monthly benefit and cost

Premium payments for short term disability insurance are automatically deducted from your paycheck. As shown in the table, the cost of short term disability insurance is $1.17 per month per $100 monthly benefit.

The cost of your short term disability coverage depends on the monthly benefit amount you select. You may choose any benefit amount shown in the chart below up to the maximum monthly benefit amount that corresponds with your monthly salary.

Employee's Monthly Salary	Maximum Monthly Benefit	Monthly Premium
$300	$20	$2.34
$450	$300	$3.51
$600	$400	$4.68
$750	$500	$5.85
$900	$600	$7.02
$1,050	$700	$8.19
$1,200	$800	$9.36
$1,350	$900	$10.53
$1,500	$1,000	$11.70
$1,650	$1,100	$12.87

Employee's Monthly Salary	Maximum Monthly Benefit	Monthly Premium
$1,800	$1,200	$14.04
$1,950	$1,300	$15.21
$2,100	$1,400	$16.38
$2,250	$1,500	$17.55
$2,400	$1,600	$18.72
$2,550	$1,700	$19.89
$2,700	$1,800	$21.06
$2,850	$1,900	$22.23
$3,000+	$2,000	$23.40

Reporting a claim

You should report a claim as soon as you believe your absence from work may extend beyond seven calendar days for absences relating to a sickness. If your absence is related to an accident, please report this absence immediately. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

Claims can be reported by calling The Standard's Disability Claim Reporting Service at (800) 378-2395. You will be asked to provide the following information:

- Employer: City of Saint Paul
- Group Number: Policy # 148318A
- Name and Social Security Number
- Last day at work
- Nature of claim/medical information
- Physician information including phone and fax number

Contact Employee Benefits, (651) 266-8890, for additional assistance.

Within one business day of filing a claim, The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion. The Standard will make up to three follow up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask their assistance in completing the APS on your behalf. You will be responsible for providing any necessary authorizations to your doctor to release this information to us.

Please note: It is your responsibility to follow the normal City of Saint Paul absence reporting procedures by notifying your manager or supervisor of your absence.

Definition of disability

Determination of disability is made by the insurance company. Below is a general definition of disability:

- Occupation Test: You are considered disabled if due to an injury, sickness, or pregnancy, you are unable to perform one of the material duties of your regular occupation.
- Earnings Test: If you are working and are not disabled by the occupation test, you will still be considered disabled if an injury, sickness, or pregnancy prevents you from earning more than 80% of pre-disability pay.

Long Term Disability Insurance

The long term disability (LTD) insurance program is offered to eligible City employees through Standard Insurance Company.

Long term disability means you can receive a monthly income while recovering from a long term (over six months) illness or injury that prevents you from working. Long term disability insurance is a practical and cost-effective way to assure that you have continued income if you become disabled and can no longer work.

Coverage available

You can receive a monthly benefit check based on your annual salary. You can elect between $500 and $10,000 a month from the long term disability benefits provided you do not exceed 60 % of your salary. Payment of benefits starts on the latter of six months of continuous disability, the end of short term disability benefits, or the end of all sick leaves, donated sick leave, vacation pay, or other salary continuance.

The length of the benefit payment is shown below:

Age at Disability	Length of Payment
Prior to age 62	To the day before retirement age*
At age 62	The longer of 42 months or the day before retirement age
At age 63	The longer of 36 months or the day before retirement age
At age 64	The longer of 30 months or the day before retirement age
At age 65	24 months
At age 66	One year, 9 months
At age 67	One year, 6 month
At age 68	One year, 3 months
Age 69 or more	12 months

* Retirement Age means the Social Security Normal Retirement Age under the Federal Social Security Act, as amended.

Enrolling in coverage

New employees who enroll in this plan within 45 days of their date of hire may elect up to their maximum benefit on an automatic approval basis. Coverage is subject to the pre-existing condition restriction. Evidence of Insurability is required if you apply more than 31 days after you become eligible.

Annually during open enrollment, employees who currently participate in the plan can increase their monthly benefit up to the maximum for their salary by making a new election in Infor/Lawson. Employees who do not currently participate and wish to enroll during the annual enrollment will make the election in Infor/Lawson. Evidence of Insurability is required. Directions to complete the online health questionnaire will be sent to you at the conclusion of annual enrollment. Coverage will be effective upon approval of the insurance carrier.

New amounts are subject to the pre-existing condition restriction.

Restrictions

Coverage for pre-existing conditions will begin 12 months following the effective date of coverage provided that you are actively at work at that time and have been insured under the plan for a full year without interruption. Pre-existing conditions are those for which you sought treatment, or taken medication, during the three months prior to the effective date of coverage. In addition, you are not covered if the injury or illness resulted from war or any act of war, whether declared or not; intentionally self-inflicted injury, while sane or insane; or taking part in committing an assault or felony.

Monthly benefit

The cost of your LTD protection is determined by the amount of coverage you choose. To determine the maximum amount for which you are eligible, locate your monthly salary in the first column, and cross over to the next column, Maximum Monthly Benefit Amount. You may enroll for any amount of coverage as shown up to that maximum amount. Before you enroll, make sure you understand how benefits are calculated.

Your Gross Monthly Salary	Maximum Monthly Benefit Amount
Minimum $1,000	$500
$1,000	$600
$1,167	$700
$1,334	$800
$1,500	$900
$1,667	$1,000
$1,834	$1,100
$2,000	$1,200
$2,167	$1,300
$2,334	$1,400
$2,500	$1,500
$2,667	$1,600
$2,834	$1,700
$3,000	$1,800
$3,167	$1,900
$3,334	$2,000
$3,500	$2,100
$3,667	$2,200
$3,834	$2,300
$4,000	$2,400
$4,167	$2,500
$4,334	$2,600
$4,500	$2,700
$4,667	$2,800
$4,834	$2,900
$5,000	$3,000
$5,167	$3,100
$5,333	$3,200
$5,500	$3,300

Your Gross Monthly Salary	Maximum Monthly Benefit Amount
$5,667	$3,400
$5,834	$3,500
$6,000	$3,600
$6,167	$3,700
$6,334	$3,800
$6,500	$3,900
$6,667	$4,000
$6,834	$4,100
$7,000	$4,200
$7,167	$4,300
$7,334	$4,400
$7,500	$4,500
$7,667	$4,600
$7,834	$4,700
$8,000	$4,800
$8,167	$4,900
$8,334	$5,000
$8,500	$5,100
$8,667	$5,200
$8,834	$5,300
$9,000	$5,400
$9,167	$5,500
$9,334	$5,600
$9,500	$5,700
$9,667	$5,800
$9,834	$5,900
$10,000	$6,000

Monthly cost

Premium payments are based upon age and are automatically deducted from your paychecks. The following table shows what the monthly cost would be per $100 monthly benefit ($500 minimum required):

Age	Cost per Month per $100	Cost per Month per $500
00-24	$ .110	$ .55
25-29	$ .156	$ .80
30-34	$ .220	$ 1.11
35-39	$ .339	$ 1.70
40-44	$ .505	$ 2.55
45-49	$ .789	$ 3.95
50-54	$ 1.163	$ 5.85
55+	$ 1.267	$ 6.35

Reporting a claim

Employee Benefits, (651) 266-8890, can assist you with the proper forms you need to complete for disability benefits.

Integrated benefits

You can receive long term disability benefits in addition to income received from other sources. The maximum benefit payable from all sources is 70% of salary. The payable benefit is coordinated with other disability income. If the sum of benefits received from other sources plus the long term disability monthly benefit exceeds 70% of the disabled person's monthly earnings, the long term disability benefit will be reduced by the excess. Other sources of income could include retirement or disability benefits from a retirement plan, workers compensation, social security, etc. Please note that the minimum benefit you will receive from long term disability insurance is $100 per month, even if you are receiving in excess of 70% of salary from other sources.

Definition of disability

Determination of disability is made by the insurance company. Below is a general definition of disability:

- Occupation Test: You are considered disabled if, during the first 36 months of a period of disability, you are under the regular care of a licensed physician other than yourself and are unable to perform the material duties of your regular occupation or employment. After the first 36 months of a period of disability, you will continue to be considered disabled if you are unable to perform the material duties of any and every gainful occupation or employment for which you are, or become, reasonably fitted by education, training, or experience.
- Earnings Test: If you are working and are not disabled by the occupation test, you will still be considered disabled during any month you are not able, because of injury, sickness, or pregnancy, to earn more than 80% of your pre-disability monthly earnings.

Return to work services

While Standard's disability plans provide financial support during a period of disability, resources are also devoted through their Return to Work programs and Reasonable Accommodation Expense benefits. The goal is to help employees get back to work and regain a healthier, more productive lifestyle. These services assist or incent employees to return work, if the disability allows.

Continuation and conversion

If you leave employment, you can convert to your own long term disability plan. The benefits of the conversion policy will be those offered by the insurance company for conversion at the time you apply. To be eligible for conversion, you must have been insured under the long term disability plan for at least 24 months, apply within 31 days of termination, and pay the required premium. The availability of the conversion is dependent upon the reason for termination of coverage. Conversion plan provisions and costs may differ from the in-force policy. To apply for conversion, you can call Employee Benefits at (651) 266-8890.

Survivor benefit

If a disabled insured dies while receiving benefits, the disability benefit will continue to be paid for three months to the person's spouse. If the insured has no spouse, the benefit will be paid to children under age 25 and unmarried on the day the disabled insured dies. If there are no survivors, no benefit will be paid.

Accidental Death and Dismemberment Insurance

Accidental death and dismemberment (AD&D) insurance is available to City of Saint Paul employees through Standard Insurance Company.

Eligible employees are entitled to purchase this insurance to provide added benefits in the event of loss of life or limb. The accidental death and dismemberment policy provides for a lump sum payment in the event of the accidental loss of life, dismemberment, or loss of sight. In the event of an accidental death, your beneficiary will receive accidental death and dismemberment benefits in addition to any other life insurance benefits for which you qualify.

Coverage available

Employees can purchase from $5,000 to $100,000 in accidental death and dismemberment benefits (in $5,000 increments). All employees may apply for a maximum of $100,000, no health questions are asked.

Spouse coverage is also available in $5,000 increments and is limited to 100% of the coverage selected by the employee, to a plan maximum of $100,000. Employees must enroll in the plan in order to elect spouse coverage.

You can enroll for coverage in Infor/Lawson.

Monthly benefit and cost

This insurance provides up to $100,000 coverage at very little cost. The cost per $1,000 of coverage is $.02 per month. Coverage is available in $5,000 units. Monthly premium payments are automatically deducted from your paychecks.

Beneficiary

If you do not name a beneficiary, or if there is no named beneficiary surviving at the time of your death, the amount of your insurance will be paid according to the following order of priority: 1) Your surviving lawful wife or husband; 2) Your surviving children in equal shares; 3) Your surviving parents in equal shares; 4) Your brothers and sisters; 5) Your estate. “Children” means only first generation lawful bodily issue and legally adopted persons. Beneficiary designation is completed online in Infor/Lawson.

Reporting a claim

Employee Benefits, (651) 266-8892, can assist you with the proper forms you need to complete for AD&D benefits.

Flexible Spending Accounts

The City of Saint Paul offers eligible employees three types of Flexible Spending Accounts—a health care account, a dependent daycare account, and a transportation account. These Flexible Spending Accounts (FSAs) allow you to pay for related eligible expenses using pre-tax dollars. Because your FSA contributions are taken out before taxes are considered, you lower your income and your tax payments too.

Contributions

When you enroll, you elect an amount to be withheld from your paycheck before federal, state, and Social Security taxes are withheld. Elections do not carry over from year-to-year so you must re-enroll during each annual open enrollment. Your election amount is deducted from your pay in equal installments over the remaining pay periods in the calendar year.

- For the health care FSA, you may contribute a minimum of $120 and a maximum of $2,500 each calendar year from your pay.
- For the dependent daycare FSA, the maximum amount is $5,000 per household per year.
- For the transportation FSA, the maximum amount is $250 per month

Please note: You may not change your health care or dependent daycare election during the plan year except in very limited circumstances. Please contact Employee Benefits at (651) 266-8890 for more information.

Use-it-or-Lose-it Rule

The IRS requires that if you do not use all of the money in your health care or dependent daycare FSA for eligible expenses incurred during the plan year, you lose the unused portion. For this reason, you should calculate your expenses carefully before making your election to ensure you will use the full amount.

If you do not use all of the money in your transportation FSA for eligible expenses incurred during the plan year, you will lose the unused portion if you do not elect to participate in the following plan year. Remaining balances will be rolled over to the 2019 plan year providing you enroll in the transportation FSA for 2019.

Claims

When you incur an eligible expense, you will submit a claim to CieloStar the FSA plan administrator.

You may file claims for 2018 expenses incurred from your effective date of coverage through December 31, 2018, drawing on deposits made to your account throughout 2018.

Deadline for health care and dependent daycare claims: You have until February 15, 2019, to submit claims to CieloStar for eligible expenses from your 2018 health care or dependent care FSA.

Deadline for transportation claims: You have until January 31, 2019, to submit claims to CieloStar for eligible expenses from your 2018 transportation FSA.

Health Care Flexible Spending Account

This account is used to pay, on a pre-tax basis, for eligible health care expenses that would otherwise be paid out of your pocket on an after-tax basis. You may use the health care FSA for an eligible dependent even if that dependent is not covered under your medical or dental plan. Eligible dependents include your spouse, dependent children, and any person who is considered a qualified relative.

Eligible expenses

Some examples of eligible expenses are:

- Deductibles, copayments, coinsurance from your medical or dental insurance plan
- Chiropractic services
- Prescription drugs

- Non-cosmetic dental expenses
- Orthodontia
- Medical equipment
- Smoking cessation programs
- Assistance for persons with disabilities
- Over-the counter drugs with a prescription
- Vision care, prescription eye glasses, contact lenses, contact lens solution, or laser surgery
- Mental health services
- Chemical dependency services
- Ambulance service
- Medically-related transportation
- Hearing aids
- Psychiatric care
- Insulin pump and diabetic supplies

Some examples of expenses that are not reimbursable include: expense that is paid for by any other health plan or from some other source, premiums for insurance, cosmetic surgery and other elective procedures that are not medically necessary, group/marriage counseling.

CieloStar can assist you in determining whether a specific expense is reimbursable.

Reimbursements

When you incur an eligible health care expense submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount you have elected to contribute to the plan for the year, reduced by any previous claims you have made during the plan year.

Orthodontia expense reimbursement

Orthodontia is a covered medical expense, but there are rules governing reimbursement because of the extended nature of the treatment and the manner in which fees are paid. We strongly encourage any participant with questions to call CieloStar before beginning treatment at (877) 491-5979.

There two ways to submit documentation in order to be reimbursed, either on a "services provided" basis or on a "fee payment schedule" basis.

- **Services provided:** This method is the same as any other medical expense and requires the participant to submit a statement from the orthodontist showing that a service has been provided and stating the cost of that service.
- **Fee payment schedule:** This method requires the participant to submit proof that payment has been made at the required time called for by the payment schedule. The participant MUST submit a treatment plan from the orthodontist, including the total cost of the treatment, the expected length of the treatment, the down payment amount, and the monthly fee to be reimbursed. The down payment will be reimbursed upon receipt of documentation showing initial services has been provided and payment has been made. The monthly fee is reimbursed upon receipt of documentation showing that the monthly payment has been made.

Please note: If you pre-pay for services and you cannot be reimbursed at the time of payment. The IRS requires services to be provided prior to reimbursement.

Dependent Daycare Flexible Spending Account

This account is used to pay, on a pre-tax basis, for eligible dependent care (daycare) expenses while you are at work and your spouse is at work/school/seeking work.

Eligible dependents include:

- Dependent children under age 13
- Dependents who you may claim as a tax exemption on your federal income tax return who are physically or mentally unable to care for themselves and who regularly spend at least eight hours a day in your household
- Spouse who is mentally or physically incapable of self-care
- Qualified relative

Eligible expenses

An eligible expense is the charge you pay for care of your dependents while you (or you and your spouse, if married) work or search for gainful employment including:

- Provider caring for an individual in the employee's home
- Family daycare provider in the home of the provider (licensed or unlicensed)
- Daycare centers that comply with state and local laws
- Before/after school care programs
- Pre-school programs (for custodial purposes only)
- Church daycare programs
- Day Camps (for custodial purposes only)
- Sick-child facilities

The following dependent care expenses are not eligible:

- Educational expenses, including kindergarten
- Overnight camps
- Fees charged for field trips, meals, or activities
- Transportation expenses
- Nursing home expenses
- Care provided by employee's child who is under the age of 19 or by employee's dependent

Reimbursements

When you incur an eligible dependent care expense and submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount that has been contributed to your dependent care account to date, reduced by previous claims paid from the account.

If there is not enough money in your dependent care account to pay all the expenses you have submitted during a payment period, the excess expenses will be carried forward; this is referred to as an 'on-hold' balance. You do not have to resubmit these suspended expenses for reimbursement as they will be paid from the deposits you make in subsequent periods. For income tax purposes, the statement you receive each time you get a reimbursement check will show the amount you actually received from your dependent care account for expenses incurred during the year.

Transportation Flexible Spending Account

This account allows you to pay for your eligible parking expenses on a pre-tax basis.

Eligible employees

Eligible employees include all benefit eligible employees of the City of Saint Paul working in a DOWNTOWN location. Employees of the Griffin Building & ECC are not eligible to participate in the parking plan.

Reimbursements

When you incur an eligible transportation expense and submit the claim, the plan will pay the lesser of:

- The amount of the expense you are submitting; or
- The total amount that has been contributed to your transportation account to date, reduced by previous claims paid from the account. Not to exceed maximum monthly election.

If there is not enough money in your transportation account to pay all the expenses you have submitted during a pay period, the excess expenses will be carried forward to the end of the month. You do not have to resubmit these suspended expenses for reimbursement as they will be paid from the deposits you make in subsequent periods, not to exceed the monthly maximum allowed (the lesser of the amount contributed in a month or $250). For income tax purposes, the statement you receive each time you get a reimbursement check will show the amount you actually received from your transportation account for expenses incurred during the year.
If you do not use the entire monthly amount elected any unused funds will be carried forward and may be used for qualified transportation expenses in future months. Note that regardless of the amount rolled forward, the monthly reimbursement maximum cannot exceed $250.

A reimbursement claim form must be completed and signed, accompanied with the original or photocopy of the qualified transportation expense (i.e., parking invoice, parking receipt, etc.). A claim form may be printed from the Knowledge Base on the BenefitReady system. In the event that a receipt or invoice is not available due to metered parking, unattended contract parking, or automated charge to a credit card, Self-Certification may be accepted. Self-Certification simply requires the participant to complete and sign the necessary reimbursement request form.

Mid-year contribution changes

Elections can be changed monthly. Initial and annual enrollment must be done in Infor/Lawson. Contact Employee Benefits to request monthly election changes.

You can also terminate participation in the plan by contacting Employee Benefits. Only amounts deducted and expenses incurred on or before your termination date will be eligible for reimbursement. When you terminate participation in the plan, any funds left in your account (either unused or unclaimed) after the plan close date of January 30 will be forfeited.

Claim Submission

There are three methods for submitting your health care, dependent daycare, and transportation FSA claims:

- Online
- Mail
- Fax

Online

1. Log into your Participant Portal at www.wealthcareadmin.com.
2. Under the My Accounts tab in the left hand column, Select REQUEST REIMBURSEMENT.
3. Select ADD NEW.
4. Enter claim information in the Add/Edit Claim window.
5. Attach any appropriate documentation if necessary. Files can be up to 1MB in size and in the following formats: PDF, .JPG, .JPEG, .GIF, .PNG, .TIFF, .TIF, .XLS, .XLSX, .DOC, .DOCX
6. When finished, select OK.
7. Verify your claim information. If you need to make any changes, click on EDIT to make any necessary changes.
8. Check the CERTIFICATION Box and then select SUBMIT.

- To print a copy of the claim you submitted, select the VIEW RECEIPT SUBMITTAL FORM.
- To review your claim, select VIEW CLAIMS PENDING. Then select SUBMITTED CLAIM in the drop down menu.

Mail/Fax

1. Obtain a CieloStar claim form by going to the Knowledge Base on BenefitReady.
2. Complete the claim form.
3. Collect appropriate documentation.
4. Mail or fax the claim form and documentation to CieloStar at:

   CieloStar | 730 2nd Avenue South, Suite 900 | Minneapolis, MN 55402
   Fax: (877) 491-6016

Required documentation

Acceptable documentation would include an itemized receipt, an insurance company explanation of benefits (EOB), or an itemized statement of services provided (not paid) from the provider. The following items must be present on your supporting documentation:

- Description of Service
- Date of Service Provided (not paid)
- Providers Name (and Tax ID for Dependent Care)
- Amount of Participant Responsibility

In the event that itemized documentation is not available you may ask your provider to complete and sign the appropriate box on the Reimbursement Claim Form.

For a transportation FSA expense for which there is not a receipt or itemized invoice (e.g., metered parking), you may "self-certify" by signing the claim form. Be advised that by "self-certifying" your claim you are legally certifying this expense to the IRS.

IMPORTANT
You should maintain adequate records to support your claims in the event of an inquiry by the IRS, and keep copies of all documentation sent to CieloStar.

Direct deposit

You can sign up to have your reimbursements direct deposited into your checking or savings account. Go to the BenefitReady Knowledge Base to print a Direct Deposit Form. Complete this form and fax or send to CieloStar at the address and/or fax number below.

Please be aware that a pre-note is required, therefore your first reimbursement request might be mailed, and all subsequent reimbursements will be direct deposit.

Additional assistance

CieloStar's Customer Service Department is ready to help! Calls are answered every business day from 7:30 a.m. to 5:00 p.m. CT. Representatives can help you if you have specific questions about the health care account, dependent daycare account, and/or transportation account provisions. Their address and phone number is:

CieloStar | 730 2nd Avenue South, Suite 900 | Minneapolis, MN 55402
Toll Free Fax: (877) 491-6016 | Phone: (877) 491-5979

Long Term Care Insurance

As you get older, it becomes more likely that you or a dependent will need help with everyday tasks like bathing, dressing, and eating. 70% of people 65 and older can expect to use some form of long-term care during their lives. Long-term care insurance pays for the care that you need when you cannot safely care for yourself, whether it is received at home, in the community, or in a nursing home.

Basic benefit

The City of Saint Paul offers a Long-Term Care insurance program with LifeSecure Insurance Company, a wholly owned subsidiary of Blue Cross Blue Shield of Michigan.

The LifeSecure Long-Term Care Insurance program has a variety of options available to tailor a plan that suits your individual needs.

You can select a total benefit bank between $100,000 and $1 million in today's dollars. Your monthly benefit can be between $1,000 and $12,000 (1%, 2% or 3% of benefit bank). For example, if you select a total benefit of $150,000 and elect to access 3%, your monthly benefit would be $4,500.

You also have access to more care options including at home, an assisted living facility, a nursing home or hospice care facility, or an adult day care center.

Benefits begin after you are verified as Chronically Ill and fulfill the 90-day benefit waiting period. Once you begin to receive benefits your premium payments will be waived.

Eligibility

All persons eligible for other employee benefits may enroll, as well as their spouses/partners, parents, parents-in-law, grandparents and adult children. Spouses/partners of employees, parents, parents-in-law, grandparents and adult children may enroll regardless of whether the employee enrolls and premiums are based on their own age, not the employee's.

Underwriting

New employees and their actively-at-work spouse (working at least 20 hours per week) may apply with a simplified application/underwriting within their first 90 days of employment. The employee must enroll for the spouse to qualify for the simplified application/underwriting.

Existing employees, spouses and family members will complete a long form application with full underwriting.

Additional information

- Cost: Rates are gender neutral and are based on a person's age at the time the policy becomes effective.
- Payment: Premium payments paid via monthly debit from savings/checking, direct billed quarterly, semi or annual. Spouses/partners, parents, parents-in-law, grandparents, and adult children may pay their premiums through direct billing or automatic bank draft.
- Portability: An employee may continue coverage if he/she retires or otherwise leaves employment. Porting a policy will not affect the coverage or premium.

FOR MORE INFORMATION

To get more information, a quote, or apply online go to www.ltcipartners.com/cityofstpaul.
Long-term care insurance specialists are also available by phone at (844) 733-0282.

Employee Assistance Program

The Medica® Optum® Employee Assistance Program (EAP) provides confidential, professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing. The program is available to all benefits-eligible employees. Your spouse and immediate family members are also eligible for EAP services.

Master's-level counselors can help you find answers and resources to tackle the tough issues you and your family face including:

- Job concerns and work productivity
- Personal, interpersonal, and work relationships
- Family issues
- Conflict resolution
- Coping with stress
- Adjustment to grief/loss or change
- Mental health
- Chemical health and dependency issues
- Community resources
- Dependency issues
- Financial issues
- Legal concerns

The program includes coverage for three in-person sessions covered at no additional cost. If you need to be seen beyond the three free visits, many of the network providers are included in one of the City's medical plan networks.

EAP services are provided by:

Medica® Optum®
1-800-626-7944
TTY callers, please call 711 and ask for the number above.

Website: liveandworkwell.com; Password: Medica

Continuation of Benefits

Under federal and/or state regulations, you may continue your participation in the City's group health insurance plan, dental insurance, the health care flexible spending account, VEBA/HRA, and some life insurance coverages. The method and duration of continuing coverage are dependent upon the circumstances under which eligibility for coverage is lost (the "qualifying event").

Qualifying events:

- Dependent's loss of eligibility for dependent status
- Divorce or legal separation of employee
- Major/substantial reduction in hours worked of employee which results in a loss of benefits
- Death of employee
- Employee's termination of employment for a reason other than gross misconduct
- Unpaid leave of absence of employee (see page 28)

Federal COBRA and state continuation laws require that the City offers continuation of coverage to the following qualified persons:

- An employee (and his/her covered dependents) whose coverage would otherwise end due to: (a) termination of employment for a reason other than gross misconduct; or, (b) a discontinuance of the employee's pay (i.e., layoff, suspension, or leave of absence); (c) loss of benefit eligibility (i.e., significant reduction of hours worked, or change in title or bargaining unit disallowing benefits);
- An employee's surviving spouse and/or children whose coverage would otherwise end due to the employee's death;
- An employee's spouse and/or children whose coverage would otherwise end due to divorce or legal separation;
- An employee's spouse and/or children whose coverage would otherwise end due to the employee's election to drop out of the health plan upon the employee's entitlement to Medicare; and,
- An employee's child whose coverage would otherwise end due to ceasing to be a dependent child under the generally applicable requirements.

Please note: Continuation is not available to any employee, spouse, ex-spouse, or dependent that becomes covered under any other group health plan, except as may otherwise be provided by law.

YOU MAY HAVE OTHER OPTIONS AVAILABLE TO YOU WHEN YOU LOSE GROUP HEALTH COVERAGE

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Notice requirements

The employer is responsible to give qualified persons written notice of their continuation rights, obligations, and costs when a qualifying event occurs. If a qualified dependent ceases to be eligible for coverage due to divorce or the loss of dependent status, notice must be provided to the employer within 60 days of the event.

Election requirements

Continued coverage is not automatic. The qualified person must elect to continue any or all of the eligible benefits in which s/he was enrolled. The period during which continuation coverage can be elected:

- Must begin no later than the date coverage would otherwise end due to a qualifying event; and,
- Must be within 60 days of the qualifying event date or such other period as required by state law; and,
- May not end earlier than 60 days, or such other period as required by state law, after the coverage ends, due to a qualifying event, and after the qualified beneficiary receives notice of his or her continuation rights.

Please note: Failure to return the election form within the stated 60 day period will result in termination of eligibility.

Your initial contribution will include the cost of coverage, retroactive to the date of the qualifying event, and is payable at the time of election. If an election is made during the qualifying 60 day period after the qualifying event, the plan shall permit payment for continuation coverage 45 days after the date of the election. If full payment for the original contribution is not received within 45 days of the date of your election to continue coverage, your coverage will be terminated for non-payment, effective the end of the month in which the qualifying event took place.

Monthly premium

A person who elects continuation will be required to pay the entire cost of the continued coverage plus a 2% COBRA administration charge when applicable. Failure to pay the monthly premium will result in cancellation of coverage.

Continuation period

Continued coverage will end on the earliest of the following dates:

- For qualified persons described above (pertaining to termination of employment or discontinuance of pay or loss of benefit eligibility), the date coverage has been continued for 18 months; or, for all other qualified persons, the date coverage has been continued for 36 months or such other period as required by state law.
- With respect to each qualified person, the date that person becomes covered under any other group health plan as a result of employment or re-employment.
- The end of the period for which contribution is paid; if the required contribution is not paid on a timely basis (required payments are the responsibility of the qualified person).
- The date the City plan is terminated, if ever.

Leaves of absence/layoff/suspension

If you take a voluntary leave under the Civil Service Rules, or experience a layoff or suspension, or take a leave of absence that is not a family or medical leave under the Family and Medical Leave Act of 1993, the way in which you may participate in the plan will depend on whether or not you continue to receive compensation from the City.

- Continue to be paid by the City—Your benefit elections can remain in effect and the City will continue to pay its portion of your premiums and withhold your pre-tax contributions.
- Not being paid by the City—Your participation in the plans will be treated in the same way as if you had terminated employment (see above). You may elect to continue to pay for your health insurance, your dental insurance, some life insurance, and any health care expense reimbursement benefits on an after-tax basis by sending your payment to CieloStar after you receive the monthly premium due notice.

Your prior benefit election will be reinstated when you return to work on the first of the month following your return from a leave of less than 12 months.

Family and Medical Leave Act (FMLA)

If you are on a family or medical leave under the Family and Medical Leave Act at any point during the plan year, you will be entitled to revoke your election with respect to medical coverage and any medical expense reimbursement benefits under the plan. In addition, following your return from the family or medical leave, you will be entitled to reinstate those coverages for the remainder of the plan year, on the terms that applied prior to the leave.

Any revocation or request for reinstatement in the City's group health insurance or health care account must be made using the group insurance application.

- Revocation request—Application must be submitted no later than 30 days after the commencement of the family and medical leave.
- Reinstatement request—Application must be submitted no later than 30 days after return from the family or medical leave.

If you reinstate medical reimbursement coverage under the health care flexible spending account following a family or medical leave:

- Your period of coverage for the plan year will exclude periods for which your coverage had lapsed because of the revocation or termination;
- No expenses incurred during the excluded period will be eligible for reimbursement under the plan;
- Your level of coverage for the plan year of the reinstatement will equal your coverage level in effect at the time of your revocation or termination, reduced on a pro rata basis to reflect excluded periods for which your coverage had lapsed; and
- All previously paid benefits will be charged against your revised coverage level.

If the employee continues on unpaid leave after the expiration of either FMLA or Voluntary Leave, the expected duration of the leave will determine whether the City will continue to bill the employee for the full premium or whether CieloStar will be notified to offer COBRA election.

Military leave

If you take a military leave of absence you may have a right to have your coverage continued under group health plans, including the medical expense reimbursement portion of this plan. Upon your return from a military leave of absence, you may have a right to reinstate your coverage.

Please contact Employee Benefits (651-266-8890 or 651-266-6492) as soon as you know you will be taking a family or medical leave, military leave, going on layoff or suspension, or other leave of absence.

Retirement planning

As you plan for retirement:

- Read your bargaining union contract; City contributions towards insurance vary by union.
- Download and print the "Steps to Retirement".
- Contact Benefits at 651-266-8892 to schedule a meeting to get signed up for insurance after retirement.
- Call PERA at 651-296-7460; you must be collecting your PERA retirement in order to be eligible for a City contribution towards retiree insurance.
- Sign your separation of employment with your department Payroll specialist; the City requires you to sign this in order to be eligible for a City contribution towards retiree insurance.

Benefits staff can answer any questions you might have about your benefits after retirement. Retirees under age 65 are offered the same plans as active employees, but City contributions are different. Other health insurance plans are available for retirees over age 65.

The meeting with Benefits will go over your options for retiree health insurance, explain COBRA continuation, provide information on the Post Employment Health Plan for those eligible for severance pay, and get you signed up for automatic withdrawal of premium payments.

Deferred Compensation

As a City employee, you can participate in a 457 Deferred Compensation plan. Under a deferred compensation plan, you can make pre-tax contributions through payroll deduction into a variety of investment options to save for retirement. By setting aside a portion of your income to accumulate on a tax-deferred basis, you pay less tax dollars now, and your savings and investment earnings accumulate tax-deferred until you start drawing from the plan at retirement. The City of Saint Paul offers employees a choice of two deferred compensation plans:

Voya Financial is an American financial, retirement, investment and insurance company based in New York, New York. In April 2014, the company (formally known as ING) rebranded itself as Voya Financial.

Minnesota State Deferred Compensation Plan, Administered by Minnesota State Retirement System

Both plans offer a wide range of investment options, each designed to pursue a different investment objective. Contact plan representatives for:

- Information describing the plan, its options and investment histories
- Help with enrollment or change forms
- Catch-up rules
- Hardship withdrawal or payout information

Eligibility

The deferred compensation plans are available to all City employees, even those not eligible for insurance.

Enrollment

You can enroll or cancel participation in a deferred compensation plan any time during the year. You can change your deduction amount or stop and start your deductions whenever you choose. To enroll or make changes, contact a plan representative for the appropriate forms to complete.

You can contribute as little as $10 per pay period up to the IRS maximum of $18,000 (2017 limits). If you're age 50 or over, you can contribute the maximum of $24,000 (2017 limit). The City will deduct those contributions from your paycheck before State or Federal income taxes are taken out.

The deferred compensation program is meant for long-term savings only. Withdrawals from a deferred compensation plan are generally only allowed when you retire; separate from City employment; in the event of an "unforeseeable emergency or hardship" as defined by the Internal Revenue Code; or death.

Employer contributions

The City may make matching contributions per your bargaining unit contract.

How deferred compensation works

- You choose how to invest your contributions from the investment options offered under the plan.
- Contributions and earnings accumulate tax-deferred. You are subject to State and Federal income taxes only when you receive benefit payments.
- The plan has no effect on Social Security or PERA. Your Social Security and PERA benefits are based on your total pay, including the amounts paid into the deferred compensation.
- You can change your allocation and investment options within the plan whenever you choose.
- You can't actively contribute to both plan (VOYA and MNDCP) at the same time, but you can have assets invested in both plans at once.

Plan comparison

If you are interested in the deferred compensation plans, you can receive a complete plan-to-plan comparison at any open enrollment session from either VOYA or MNDCP representatives. The plan-to-plan comparison includes information on rate of returns, individual operating expenses, and total fund expenses.

The comparison information below provides an overall comparison of the plan features provided by VOYA and the MNDCP. Specific questions should be directed to the plan representatives.

	VOYA	MNDCP
Local Plan Administrator	VOYA 100 Washington Ave, Suite 1700 Minneapolis, MN 55401	Minnesota State Retirement System 60 Empire Drive, Suite 300 St Paul, MN 55103
Local Representative Phone Numbers	Mark Isenberg (612) 492-0209 or Michael Stein (612) 492-0213 8:00 a.m. to 4:30 p.m.	Nickie Klosterboer (651) 247-6638 8:00 a.m. to 4:30 p.m.
National Representative Phone Numbers	(800) 262-3862 Mon-Fri 7:00 a.m. to 9:00 p.m. Sat 7:00 a.m. to 3:00 p.m.	(800) 657-5757 Mon-Fri 8:00 a.m. to 4:30 p.m. .
Automated Telephone Voice Response System	(800) 262-3862 24 hours a day—7 days a week	(800) 657-5757 24 hours a day—7 days a week
E-mail Questions	www.voyaretirementplans.com	www.mndcplan.com
Website Investment	www.voyaretirementplans.com	www.mndcplan.com
Options	43 Investment options 42 Variable funds 1 Fixed interest account	13 Investment options 11 Variable funds 6 Retail mutual funds 1 Fixed interest accounts
Quarterly Account Statements	Yes; mailed to home.	Yes; mailed to home.
Financial Planning Services	Available at an extra charge.	Not available at this time.
Enrollment	Personal one-on-one service with a local representative. Can be done any time during the year at the work site on employee time, or at a location and time convenient for the employee, including at home in the evening.	Personal one-on-one service with a local representative. Can be done any time during the year at the work site on employee time.
Annual Account Fees Daily	None	None
Asset-Based Charges	Daily asset charge applies to the entire variable fund balance as follows: 0.45% on VOYA funds; 0.45% on non-VOYA funds.	Daily asset charges are capped on balance in excess of $100,000. 0.05% annual maximum of $50.
Fund Operating Expenses	0.34% to 1.15%	0.01% to 1.27%
Expenses: Load, Risk & Mortality, Annuity Purchase, Transaction Fees,	None.	None.
Fee for Minimum Distribution	None.	None.
Compensation for Reps	Commission	Salary

Managing your account

Participants can manage their account online.

	VOYA	MNDCP
Website	www.voyaretirementplans.com *A demo site is available prior to enrollment at Voya Demo.*	MNDC Plan
Account management functions	Current balance and contribution history Daily fund quotes and market updates Fund performance (including personal rate of return) Change investment elections (fund and allocation changes) Withdrawal request option Change contribution amount including the option to schedule future increases Update beneficiary information Plan information Order literature and prospectuses	Current balance and contribution history Current fund allocation Daily fund quotes and market updates Fund performance Change investment elections (fund and allocation changes) Transfer, re-balancer and dollar cost averaging Download forms and plan materials
Other website features/capabilities	Investment growth calculator Asset allocation worksheet Links to educational workshops for Social Security, Retirement Healthcare, Life Insurance, College Planning and Retirement Readiness Interactive Retirement Readiness tool for contribution, allocation and age calculator	Retirement income software (incorporates MNDCP, PERA, and Social Security) Withdrawal Quote System (provides retirement estimates and payout options) Links to PERA, Social Security, retail mutual funds, and the IRS

Roth 457

The Roth 457 (b) option gives you the opportunity to make contributions on an after-tax basis. Note that any City matching funds will by law be on a pre-tax basis.

Contributions you make to your 457(b) plan apply to your combined traditional 457(b) and Roth (after-tax) 457(b). You can contribute up to the IRS maximum of $18,000 (2017 limits) and maybe more if you are eligible under one of two catch-up provisions.

- Under the regular 3 year catch-up provision, you may be eligible to contribute up to $36,000.
- Under an age 50-plus catch-up, you would be eligible to contribute up to $24,000.

Distributions from your traditional 457(b) are taxed as ordinary income in the year in which the money is distributed; while distributions from your Roth 457(b) account may be tax-free for federal income tax purposes (check your state tax rules). However, all distributions must be qualified and meet the following criteria:

1. The funds must be held for a 5-year holding period, dating from the earlier of:
    - The first year that you contribute to any Roth 457(b) account in your employer's plan,
    - If you make a direct rollover contribution to your Roth 457(b) from which the direct rollover originated, or
    - The first year of a Roth in-plan conversion

AND

2. The distribution must be made on or after you have reached age 59½ (assuming you have separated from service), are disabled, or made to your beneficiary after your death.

Payment choices

You can start receiving payment from your deferred compensation plan as soon as 30 days from separation of employment. But, you don't have to withdraw funds until age 70½. All payments will be taxed as ordinary income in the year received, so you should discuss your income tax liability with an accountant or attorney before choosing an option. You can receive your benefits in any one of the following ways:

- Distribution over your lifetime.
- Distribution over your lifetime and the lifetime of your designated beneficiary.
- Distribution over a set period of time not extending beyond your life expectancy.
- Distribution over a set time period not extending beyond the joint and last survivor life expectancy of both you and your designated beneficiary.
- Lump sum or partial lump sum distribution in combination with one of the other options.
- An estate conservation option that allows you to receive only the minimum amount required by law at either age 70½ or retirement, whichever comes later.
- A systematic withdrawal option that provides periodic income for either a specific dollar amount or a specified time period at retirement or separation from service.

Death benefit

Upon your death, your plan beneficiary will receive benefits according to options/time frames outlined in the plan. If you die before benefits commence and your plan beneficiary is also your spouse, he or she is not required to begin receiving payments any earlier than when you would have reached age 70½.

Emergency withdrawal

Generally, withdrawals from a deferred compensation plan are not allowed unless you retire, separate from service, or die. However, a withdrawal can be made to meet an "unforeseeable emergency" as defined by the Internal Revenue Code. An unforeseeable emergency means a severe financial hardship to the participant resulting from:

- A serious illness or accident of the participant or beneficiary, the participant's or beneficiary's spouse or dependent.
- Major loss of the participant's or beneficiary's property due to casualty.
- Similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary. This does not include the purchase of a home or car, or payment of college expenses.

Emergency withdrawals are processed by each deferred compensation provider. Contact your plan administrator for an application.

Important Phone Numbers

City and County Credit Union (651) 225-2754	Your City and County Credit Union offers many services: savings, checking, ATM/debit cards, online services, VISA credit cards, car loans, personal loans, mortgages, and more.
Medica Customer Service (952) 945-8000 or (800) 952-3455 Hearing Impaired: 711 E-mail: askmedica@medica.com	Medica customer services can answer your questions about your health plan benefits including networks and pharmacy. Customer service is available Monday through Friday from 7 a.m. to 8 p.m. Central (closed 8 to 9 a.m. Thursdays) and Saturday from 9 a.m. to 3 p.m.
Medica CallLink Nurse Line (800) 962-9497 Hearing Impaired: 711	Medica CallLink Nurse Line offers immediate access to experienced, registered nurses who can answer your health questions and provide support. Nurses are available 24 hours a day, 365 days a year. You can also chat online with a nurse by logging on to mymedica.com.
Medica Optum Employee Assistance Program (EAP) (800) 626-7944	Medica Optum EAP counselors provide confidential counseling and referral services to you and your family at no cost. Counselors are available 24 hours a day, 365 days a year.
Delta Dental MN Effective 10/1/2017 to 12/31/2017—(651) 456-1558 or (844) 852-1558 After 1/1/2018—(651) 406-5916 or (800) 553-9536	Delta Dental MN can answer your questions about your dental plan benefits including the Preventive plan included in your medical plan and the Optional plan. Customer service is available Monday through Friday from 7 a.m. to 7 p.m. Central
VOYA (612) 492-0209 (612) 492-0213 (800) 525-4225	VOYA is a City deferred compensation plan administrator. They can help you understand and enroll in the VOYA deferred compensation plan. This can be done anytime during the year; it is not limited to open enrollment.
Minnesota Deferred Compensation Plan (MNDCP) (651) 296-2761 or (800) 657-5757	MNDCP is a City deferred compensation plan administrator. They can help you understand and enroll in the State of Minnesota Deferred Compensation Program. This can be done anytime during the year; it is not limited to open enrollment.
CieloStar Flexible Spending Accounts (612) 436-2778 or (877) 491-5979 Fax: (612) 335-9217 or (877) 491-6016	CieloStar can assist you in determining allowable expenses for reimbursement through the flexible spending accounts, and assist you with completing the reimbursement request (claim) form.
Employee Benefits (651) 266-8890 or (651) 266-6492	Employee Benefits staff are always available to answer questions or direct you to the appropriate resource. Most questions regarding benefit eligibility, negotiated employer contribution amounts, payroll deductions for insurance coverages, and specific information on rules for changing benefit elections should be directed to Employee Benefits.

Standard's Short Term Disability Claim Reporting Service (800) 378-2395	Report a claim as soon as you believe your absence from work may extend beyond seven calendar days for absences relating to a sickness. If your absence is related to an accident, please report this absence immediately. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery. The Standard's customer service benefits examiners are available Monday through Friday between 7:00 a.m. and 7:00 p.m. Central Time.
Standard's Voluntary AD&D Insurance (800) 368-2859	The Standard's customer service benefits examiners are available Monday through Friday between 7:00 a.m. and 7:00 p.m. Central Time.
Securian's Life and AD&D Insurance, administered by Ochs (651) 665-3789 or (800) 392-7295 Claims Department (651) 665-5346 or (888) 658-0193	Contact Ochs Monday—Friday 8:00 a.m. to 4:30 p.m. CT if you have general question regarding your group Life and AD&D coverage options, certificate issues, continuation of coverage questions, etc. Contact Securian's Claims Department directly for questions regarding claims.
LifeSecure Long Term Care Insurance Enrollment Hotline (844) 733-0282	If you have interest in obtaining more information on Long Term Care insurance, contact an enrollment specialist at The City of St. Paul's Long Term Care Enrollment Support Center or visit The City of St. Paul's LTC e-Enrollment website at www.ltcipartners.com/cityofstpaul/ltci. An enrollment specialist will be able to assist you with any specific questions or details about the plan and rates—all that you will have to do when contacting the Enrollment Support Center is identify yourself as a City of St. Paul employee.

Employee Acknowledgement

1. I understand that this document is a summary of the benefits provided by the City of Saint Paul to eligible employees. In the event that this document and the plan documents governing each of the plans differ, the plan documents will prevail.
2. I understand that employee pre-tax dollars spent are also excluded from income eligible for FICA (Social Security) deduction.
3. I understand that employee pre-tax dollars spent will reduce income eligible for deferred compensation contribution.
4. I understand that the IRS value of employee life insurance in excess of $50,000 is taxable income and is subject to FICA deduction.
5. I understand that if I apply for coverages requiring evidence of insurability, and I fail to complete the required questionnaire or provide the information requested by the insurance provider in a timely manner the election will be denied in Infor/Lawson. I will not be allowed to re-enroll until the next open enrollment.
6. I understand that if I apply for coverages requiring evidence of insurability, and the coverage is subsequently denied, the election will be denied in Infor/Lawson and I will not be allowed to re-enroll until the next open enrollment.
7. I understand that the following changes in status will require the completion of a change form:
    a. A change in bargaining unit if the new bargaining unit offers different benefit options; and
    b. A change from full time to part time status, and vice versa, if my bargaining unit agreement requires or allows an election change under these circumstances.
8. I understand that if I do not print and save a copy of my benefit election statement, I will not be able to dispute an enrollment election that differs from what I intended.
9. I understand that no mid-year changes may be made to my elections unless they are allowed by plan rule, federal law, and provider contract.
10. I understand that if I currently have a medical plan and do not enroll in Infor/Lawson by the deadline I will retain my current medical plan but my dependents may not have coverage.
11. I understand that if I currently carry no medical and I do not enroll in Infor/Lawson by the deadline, I will have no medical coverage in the following year.
12. I understand that if I fail to re-enroll in a Flexible Spending Account (FSA) for 2018 by the deadline, my participation will be terminated at the end of the 2017 plan year per IRS regulations.

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CITY & COUNTY CREDIT UNION

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Open a new checking account with Direct Deposit and receive a **$32 bonus**.

$32 BONUS

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