

Things to know for open enrollment

- 1. Health insurance will continue to be offered by Medica.** The benefit plan design and the City's monthly contribution of \$100 (single) or \$200 (family) to your HRA/VEBA account will be the same in 2024.
- 2. Your provider network options for 2024 will be the same.** If you are currently enrolled in the Medica Choice® Passport or Medica Elect® networks, consider moving to an ACO for significant premium savings.
- 3. To view the premium contribution rate – standard or wellness – that you are eligible for, sign in to your benefits enrollment event in COMET.** The amount shown below for the network and coverage level (single or family) of your choice will be deducted from each of your first two paychecks per month.

Network Option	Amount deducted from each of your first two paychecks in a month					
	2024 Standard Rate Employee Contribution		2024 Wellness Rate Employee Contribution		2024 Employer Contribution	
	Single	Family	Single	Family	Single	Family
Medica Choice® Passport	\$ 97	\$ 297	\$ 69	\$217	\$ 342	\$ 923
Medica Elect®	\$ 63	\$ 206	\$ 34	\$126	\$ 342	\$ 923
VantagePlus with Medica SM (ACO)	\$ 41	\$ 145	\$ 14	\$ 71	\$ 342	\$ 923
Park Nicollet and HealthPartners Medical Group First with Medica SM (ACO)	\$ 30	\$ 115	\$ 3	\$ 40	\$ 342	\$ 923
Ridgeview Community Network® powered by Medica (ACO)	\$ 30	\$ 115	\$ 3	\$ 40	\$ 342	\$ 923
Clear Value with Medica SM (ACO)	\$ 30	\$ 115	\$ 3	\$ 40	\$ 342	\$ 923

- 4. You will enroll online using the COMET system.** To sign in, visit comet-hr.ci.minneapolis.mn.us. If you are a City employee, you will click **COMET HR** to sign in. If you are a Park Board employee, you will click **Non-City User Login**, then enter your employee ID number and password. The **IT Help Desk (612-673-2525)** is available from 6 am to 9 pm on weekdays and 9 am to 7 pm on weekends to reset your password if necessary. Once you are signed in, follow this path to complete your enrollment: **main menu > employee self service > open enrollment**.
- 5. You must re-enroll in the flexible spending account (FSA) each year to set aside pre-tax dollars for eligible health care and dependent care expenses.** Contribution limits for 2024 will be displayed in COMET. Any unspent funds greater than \$25 but less than or equal to \$500 that remain in your health care FSA at the end of the year will be carried over to the next plan year. All unspent funds that remain in your dependent care FSA at the end of the year will be subject to the “use it or lose it” rule.
- 6.** After the open enrollment period concludes, you will receive a statement confirming your 2024 benefit elections. If anything is incorrect on this form, submit a ticket on the CityLife Employee Hub by **5 pm on Friday, Dec. 15**.
- 7. You will receive a new Medica ID card in December** if your group number changes (which will happen with any network or premium changes) or if you are new to the plan for 2024. Be sure to show your ID card each time you check in for medical care or pick up a prescription beginning January 1, 2024.

**Complete
your
enrollment by
Nov. 15**



minneapolismn.gov/hr/benefits

The City's benefits website is a resource for details on all employee benefits.



cityofminneapolis.welcometomedica.com

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



CityLife Employee Hub

For questions about your enrollment or premium contribution rate, or to request copies of medical plan documents, submit an inquiry by clicking the icon for the CityLife Employee Hub on your City-issued computer or visiting minneapolis.service-now.com/citylife from any browser.



Medica Customer Service

For questions about health benefits and the Medica Elect or Medica Choice Passport networks, call **952-945-8000** or **1-800-952-3455**. For questions about the ACO networks, call **1-855-857-2045**.

City of Minneapolis 2024 Medical Plan Summary of Benefits

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits
Annual Deductible	\$2,000 per member \$4,000 per family	\$3,000 per member \$6,000 per family
Annual Out-of-Pocket Maximum	\$3,000 per member \$6,000 per family	\$6,000 per member \$12,000 per family
Lifetime Maximum	Unlimited	Unlimited
	When you receive covered services after the deductible has been met, YOU will pay:	When you receive covered services after the deductible has been met, YOU will pay:
Preventive Care <ul style="list-style-type: none"> • Routine Physical & Eye Exams • Immunizations & Cancer Screenings • Well Child Care 	<i>The deductible does not apply.</i> No charge No charge No charge	40% coinsurance 40% coinsurance No charge
Office Visits <ul style="list-style-type: none"> • Illness or Injury • Chiropractic Care • Mental Health/Substance Use* • Physical, Occupational & Speech Therapy** 	20% coinsurance 20% coinsurance No charge for first 10 visits; 20% coinsurance applies afterwards 20% coinsurance	40% coinsurance 40% coinsurance <i>(Limit of 15 visits per member per year)</i> No charge for first 10 visits; 40% coinsurance applies afterwards 40% coinsurance
Prescription Drugs Visit minneapolismn.gov/hr/benefits for more information about Medica's drug tiers.	<i>The deductible does not apply.</i> <u>Retail (31-day supply)</u> Generic: \$10 copayment Preferred brand: \$25 copayment Non-preferred brand: \$50 copayment <u>Mail (93-day supply)</u> Generic: \$20 copayment Preferred brand: \$50 copayment Non-preferred brand: \$100 copayment	The greater of 40% coinsurance or a \$50 copayment per prescription unit. Mail order: No coverage
Specialty Prescription Drugs Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy. Visit minneapolismn.gov/hr/benefits for more information.	<i>The deductible does not apply.</i> <u>Retail (31-day supply)</u> Preferred specialty: \$25 copayment Non-preferred specialty: \$50 copayment <u>Mail (93-day supply)</u> Preferred specialty: \$50 copayment Non-preferred specialty: \$100 copayment	No coverage
Inpatient Hospital Services <ul style="list-style-type: none"> • Facility • Physician • Mental Health/Substance Use 	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Outpatient Hospital Services <ul style="list-style-type: none"> • Facility • Physician 	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance
Lab and Pathology	20% coinsurance	40% coinsurance
X-Ray and Other Imaging	20% coinsurance	40% coinsurance
Urgent or Emergency Care <ul style="list-style-type: none"> • Urgent Care Center • Hospital Emergency Room • Emergency Ambulance 	20% coinsurance 20% coinsurance 20% coinsurance	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
Durable Medical Equipment and Prosthetics	20% coinsurance	40% coinsurance

* **Mental Health/Substance Use:** For in- and out-of-network providers there is no charge for the first 10 mental/behavioral health office visits or the first 10 intensive outpatient program visits per year.

** **Physical, Occupational & Speech Therapy:** For out-of-network providers, physical and occupational therapy have a combined limit of 20 visits per member, per year. Speech therapy is limited to 20 visits per member, per year.

In the event of discrepancies between this brochure and the Plan Document, the Plan Document will prevail.

For reasonable accommodations or alternative formats, please contact the Benefits Office at 612-673-2282. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users can call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700. Yog xav tau kev pab, hu 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.