



Summary & Enrollment

Designing Your Benefits

Fillmore County
Flexible Benefits Plan
January 1, 2023

Version 1 - Printed

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This booklet highlights the main features of many of the benefit plans sponsored by Fillmore County. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Fillmore County reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

OUR BENEFITS PROGRAM

Fillmore County offers a wide range of benefit options and the chance to make new decisions each year.

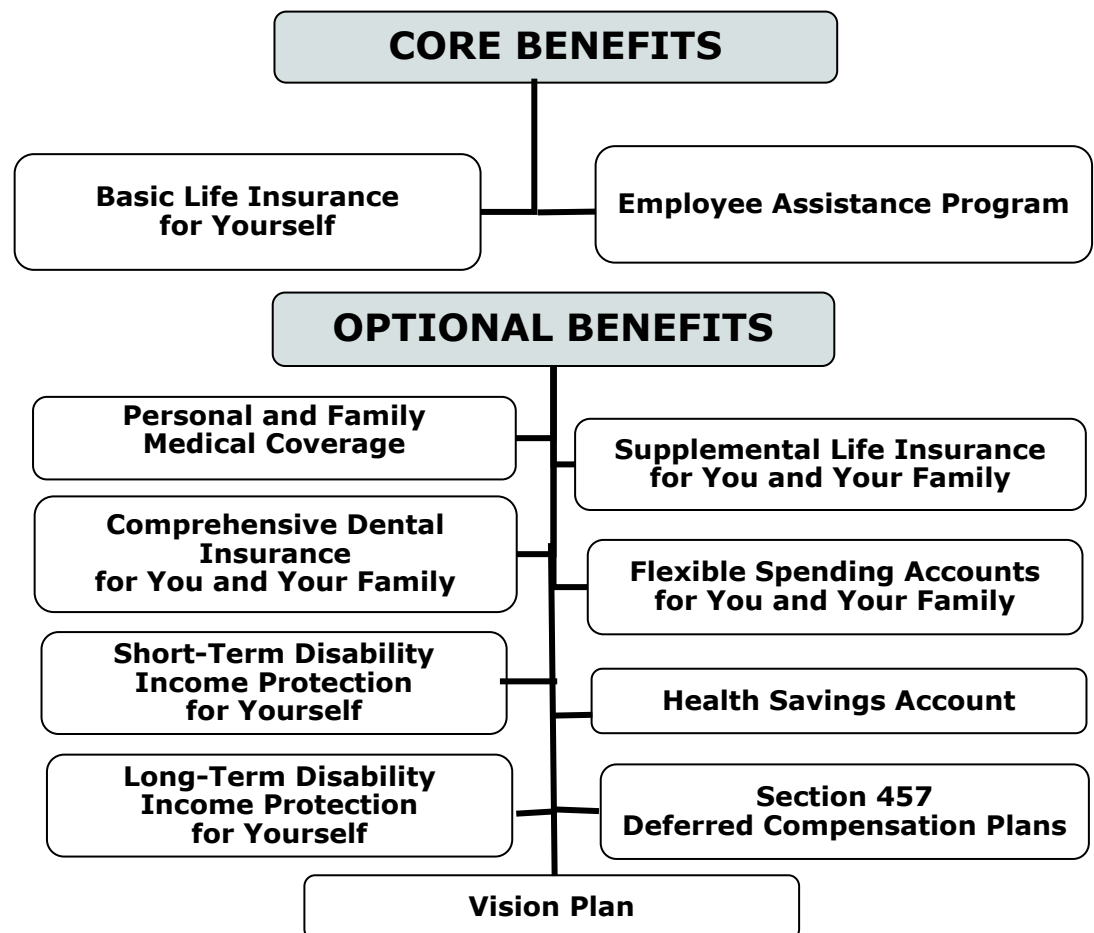
At Fillmore County, we recognize that all employees have unique personal and family health care, insurance and financial needs. Since no two employees are exactly alike, we've made choice and flexibility the cornerstones of our Flexible Benefits Plan.

Fillmore County offers a comprehensive, cost-effective, and competitive benefits package to help protect you and your family. But it works only if you take control and make thoughtful decisions about your benefits.

In other words, **you** need to take an active role in choosing your benefit coverage. This way, you can be sure your benefits support your needs and goals.

To help you make your benefit choices, Fillmore County gives you several tools, including this booklet, and other informational materials and enrollment forms. Use these tools to make your benefit decisions. Then, **enroll before your deadline** so you can get the maximum value from these plans and programs for yourself and your family.

The diagram below illustrates the selection process.



BENEFIT COSTS

All employees who participate in the Medical Plan are allocated a predetermined share of Employer Contributions each month.

Eligible employees may also contribute additional money to a plan on their own through regular payroll deductions.

COVERAGE	EMPLOYEE CONTRIBUTION (Monthly- If electing coverage)
Medica Choice Passport (Open Access Plan)	
Single	\$ 40.00
Employee + Child(ren)	\$ 333.50
Family	\$ 545.50
Dental Plan	
Employee Only	\$ 29.30
Employee + Spouse	\$ 58.62
Employee + Child(ren)	\$ 72.15
Family	\$103.71
Vision Plan	
Employee Only	\$5.68
Employee + Spouse	\$10.79
Employee + Child(ren)	\$11.36
Family	\$16.70
Basic Employee Life & AD&D	Paid by Fillmore County
Supplemental Employee Life	Age Banded Rates
Supplemental Spouse Life	Age Banded Rates
Supplemental Child(ren) Life	\$2.00 or \$3.00 per family
Short Term Disability	Various Plan Options
Long Term Disability	Age Banded Rates

Pre-Tax Advantage:

Your deductions for medical, dental, HSA and FSA are made on a pretax basis. This reduces your taxable income and saves on federal and social security taxes.

Your deductions for voluntary life insurance, short term disability, and long term disability are made on an after-tax basis.

The benefit plans described in this booklet can have tax consequences for participants. Since this booklet is intended to be merely a summary of the Flexible Benefit Program, it can provide only generalized information regarding the tax rules involved.

Fillmore County is not responsible for the tax consequences for any individual participating in this Plan. See your tax advisor for additional help.

ENROLLMENT

**Enrollment
Questions?**

Benefit Questions?

**Contact the
Administrator's Office at
(507) 765-4566**

1. Review Your Benefits

Read this booklet and the other benefit materials thoroughly – they describe Fillmore County's benefits program.

2. Consider Your Choices Carefully

After your enrollment period ends, you cannot change your benefit choices during the year unless you have a qualifying event.

3. Getting Ready to Enroll

It may help to have these items handy:

- Social security numbers and birth dates for yourself and your eligible family members.
- Information about other benefit coverage or insurance you or a family member may have.
- Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.
- Out-of-pocket expense records for your medical including prescription costs, dental, vision, and dependent care so you can plan your **Flexible Spending Account** contribution amounts.

4. Fill Out and Return Your Benefits Enrollment Form

- Complete an enrollment form and any other necessary forms. **Return forms to the Administrator's Office** by your deadline.
- Be sure you fill out the dependent information if you want to enroll your dependents for coverage.

5. Be Alert!

- Check your first paycheck after your benefits effective date to confirm that your payroll deductions are correct.
- Report any discrepancies or paycheck problems immediately to the Administrator's Office.

CHOOSE WISELY

**Please note:
Individual benefits
may have stricter
requirements than the
overall Cafeteria
Benefit Plan.**

The benefits you select January 1 will remain in effect through December 31, unless you have a "change in family status." Such a change could be caused by:

- Change in legal marital status,
- Change in number of tax dependents,
- Employment status change for you, your spouse or dependent,
- Dependent satisfies or ceases to satisfy eligibility requirements, or
- Resident change by you, your spouse or dependent.
- Change in cost or coverage of Daycare.

ELIGIBILITY

Employee Eligibility

All regular employees working 30 hours or more, per week, are eligible for the plan on the first day of the month following the date of employment. Employees who have met these eligibility requirements on the Plan's effective date may participate as of the effective date, provided that eligibility for the plan in general or for any particular feature may be altered for any individual or group pursuant to a labor agreement, collectively bargained in good faith.

New Rights to Add Dependents under Federal Health Care Reform

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:
Your legal spouse.

A tax qualifying child, one who:

resides with the taxpayer 50 percent of the year; and is either under age 19, or a full-time student aged 19 through 26; and has not provided greater than 50 percent of the child's own support for the calendar year in which the taxpayer's taxable year begins. (A child is no longer qualified during the year in which the child turns age 26)

A tax qualifying relative, one who:

bears a special relationship to the taxpayer (blood relative or an individual who resides in the taxpayer's household); and receives greater than 50 percent of their support from the taxpayer; and is not a qualifying child for any taxpayer for the year in question

Married or Unmarried dependent children aged 19 through 26, even if they are not students can be covered under the terms of our medical plan.

Contributions for this coverage may have tax implications for you. You must complete a tax certification form if covering this type of dependent.

Please read the material carefully, and be sure to ask any questions during the enrollment period.

If your child is no longer eligible, you must notify Fillmore County by completing a Benefit Enrollment/Change Form and returning it to the Administrator's Department.

ADDING DEPENDENTS TO YOUR COVERAGE

To add a new spouse or child to your benefit coverage, you must notify Fillmore County by completing and returning a Benefit Enrollment/Change form within 30 days of the marriage/birth/adoption/change.

IMPORTANT NOTE: Newborns are **NOT** automatically added to your coverage. You must complete a Benefit Enrollment/Change form.

“CORE BENEFITS”

Core Benefits assure that you and/or your loved ones are protected financially in case of a disability or your unexpected death. The premiums for this Core benefit are paid in full through Employer contributions.

Employee's may consider the CORE Plan to be merely one component of a more substantial life insurance portfolio for themselves and their families. These employees will want to supplement their CORE coverage with additional insurance protection purchased via the Optional Benefits portion of our Flexible Benefits Plan.

BASIC LIFE INSURANCE

To learn more about your Supplemental Life Insurance Options, please see the next section of this booklet.

Fillmore County provides personal Group Term Life, including Accidental Death and Dismemberment Insurance.

Eligible employees under age 65 = **\$5,000** of coverage

Eligible employees 65 and over = **\$3,250** of coverage

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP provides confidential counseling services that can help you and your dependents cope with such issues as family or relationship problems, parenting difficulties, work-related problems, depression, substance abuse, stress due to natural disasters, and much more.

The Minnesota Counties Intergovernmental Trust (MCIT) continues its partnership with The Sand Creek Group, Ltd., to provide professional counseling services to employees of MCIT members.

These services include:

- A qualified counselor located in a private clinical office in the county seat or other high density employee location.
- Only you will know you called for assistance. You will be read a Tennesen Warning (a notice regarding the confidentiality of your call). In order to coordinate your appointment you will be asked your name, the organization for whom you work and your address.
- No-cost, immediate and confidential access to the EAP by calling 1.800.550.MCIT. This includes a 24-hour crisis line for emergencies.
- A face-to-face meeting with a professional counselor within 2 days of your initial telephone call.
- Family coverage. Dependents of employees are eligible to use this program.
- You and your family members will receive up to **four** counseling sessions per year for each identified problem. If additional or more long-term counseling is needed, the counselor will assist you in obtaining services.

The greatest resource and the greatest expense to an employer are its employees. The EAP is a tool to provide employees with a neutral outside resource to assist in resolving difficult personal issues that may be impacting performance at work.

“OPTIONAL BENEFITS”

If you choose, you may also make additional Employee Contributions on your own each month. Such voluntary Employee Contributions may enable you to enjoy an extra measure of security and protection.

MAJOR MEDICAL

Comprehensive Major Medical

All employees must purchase Medical coverage unless they annually show proof of coverage elsewhere.

Our Medical Plan includes coverage for a wide range of hospital and medical services and supplies. Among other things, it covers preventive care, hospital services, physician services, mental health, chemical dependency, home health, prescription drugs, chiropractic and special services.



Effective January 1, 2022, the Fillmore County Cafeteria Plan adopts a cash-in-lieu/medical opt-out arrangement as an option under our Plan. The cash-in-lieu allows benefit eligible employees to decline the County's medical insurance benefit under the group medical plan and instead receive a monthly cash payment of \$240 in lieu of coverage. This will be paid each pay period. Eligibility to participate in this program requires an employee to provide proof of coverage through another group health plan (through a spouse or parent), Medicare or TriCare. Individual coverage, MNCare, Medical Assistance, and religion based health care arrangements are not eligible forms of other coverage. Definitions of eligible other coverage will be based on compliance language within the Federal ACA legislation.

Medica Choice Passport \$3,500/\$7,000 (Open Access Network)

	SINGLE Medical Coverage	SINGLE + CHILDREN Medical Coverage	FAMILY Medical Coverage
County Contribution	\$795.89	\$1,128.66	\$1,850.95
Employee Contribution	\$40.00	\$333.50	\$545.50
Total Cost of Plan:	\$835.89	\$1,462.16	\$2,396.45
Health savings account	\$138.77	\$255.43	\$280.23
Total Plan:	\$974.66	\$1,717.59	\$2,676.68

If a spouse of an employee who is able to get insurance through their employer stays on the Fillmore County insurance plan an additional \$50 per month surcharge will be added onto the family premium.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.medica.com or call 952-945-8000 (Minneapolis/St. Paul Metro area) or 1-800-952-3455. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-952-3455 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,500 per person/ \$7,000 per family in-network and \$3,500 per person/ \$7,000 per family for out-of-network services.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care, preventive prescriptions and prenatal care from in-network providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$4,000 per person/ \$8,000 per family in-network. \$4,000 per person/ \$8,000 per family for out-of-network services.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.medica.com/findcare or call 952-945-8000 or 1-800-952-3455 or 711 (TTY users) for a list of Medica Choice with UnitedHealthcare network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary care: 20% coinsurance Chiropractic: 20% coinsurance Retail Health: 20% coinsurance Virtual: 20% coinsurance	Primary: 40% coinsurance Chiropractic: 40% coinsurance Retail Health: 40% coinsurance Virtual: 40% coinsurance	--none---
	Specialist visit	20% coinsurance	40% coinsurance	---none---
	Preventive care/ screening/ immunization	No charge. Deductible does not apply.	Well child care: 0% coinsurance. Deductible does not apply. Other services: 40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab: 20% coinsurance X-ray: 20% coinsurance	40% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	---none---

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.medicare.com/drugcost2</p>	Generic drugs	Retail: 20% coinsurance Mail order: 20% coinsurance Preventive: No charge. Deductible does not apply.	Not covered	Up to a 31-day supply/ retail or 93-day supply/ mail order prescription. Mail order drugs not covered out-of-network. Insulin: Your cost-share will be \$0 per retail prescription unit. Some Over the Counter drugs can be obtained with a prescription at the preventive level of coverage. The list of covered drugs changes periodically. Notification of changes will be available 30 days prior to the change taking effect.
	Preferred brand drugs	Retail: 20% coinsurance Mail order: 20% coinsurance Preventive: No charge. Deductible does not apply.	Not covered	
	Non-preferred brand drugs	Retail: 20% coinsurance Mail order: 20% coinsurance Preventive: Benefit does not apply.	Not covered	
	Specialty drugs	Preferred: 20% coinsurance . Non-Preferred: 20% coinsurance	Not covered	Up to a 31-day supply per prescription received from a designated specialty pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	40% coinsurance	---none---
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	In-network deductible and out-of-pocket applies.
	Emergency medical transportation	20% coinsurance	20% coinsurance	In-network deductible and out-of-pocket applies.
	Urgent care	20% coinsurance	40% coinsurance	In-network deductible and out-of-pocket applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	---none---
	Physician/surgeon fees	20% coinsurance	40% coinsurance	---none---
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance	40% coinsurance	---none---
	Inpatient services	20% coinsurance	40% coinsurance	Residential treatment is covered as part of inpatient services.
If you are pregnant	Office visits	Prenatal care: No charge. Deductible does not apply. Postnatal care: 20% coinsurance	Prenatal care: 0% coinsurance . Deductible does not apply. Postnatal care: 40% coinsurance	Cost sharing does not apply to in-network preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. certain ultrasounds.)
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	No coverage for home IV therapy out-of-network.
	Rehabilitation services	20% coinsurance	40% coinsurance	---none---
	Habilitation services	20% coinsurance	40% coinsurance	---none---
	Skilled nursing care	20% coinsurance	40% coinsurance	120 day limit combined in and out-of-network per member per year.
	Durable medical equipment	20% coinsurance	40% coinsurance	---none---
	Hospice services	20% coinsurance	Not covered	---none---
If your child needs dental or eye care	Children's eye exam	No charge. Deductible does not apply.	0% coinsurance . Deductible does not apply.	---none---
	Children's glasses	Not covered	Not covered	Glasses are not covered by the plan .
	Children's dental check-up	Not covered	Not covered	Dental check-ups are not covered by the plan .

DENTAL



Dental Insurance Voluntary Summary of Benefits

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.guardianlife.com
- you do not need a referral to see a specialist
- For dental expenses incurred after satisfying all benefit deductibles, the policy pays the following

Voluntary Dental		
Class Description	All Active Full Time Employees	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to: Individual Family	B & C \$50 \$150 Aggregate	B & C \$50 \$150 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,250	\$1,250
Orthodontia	40%	40%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
<p>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</p>		

Dental Benefits Cont'd.



Benefit Rollover

Rollover Threshold	\$500
Rollover Amount	\$250
Rollover In-Network Amount	\$350
Rollover Account Limit	\$1,000

Enrolling for Coverage

Employee	If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's late entrant provision, which may limit covered services and prior carrier credit will not be available.
Dependent	Dependent children may be covered up to age 26.
Benefit Termination	This coverage terminates when you terminate employment with this policyholder or at your retirement.

Voluntary Dental	Rate per Employee
Employee Only	\$29.30
Employee + Spouse	\$58.62
Employee + Child(ren)	\$72.15
Employee + Family	\$103.71
Total	
Rates are guaranteed from January 1, 2023 - December 31, 2023 (12 months)	
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 6.0% above the current rates.	
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 8.0% above the prior plan year's rates.	

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

For assistance or additional information Contact MetLife at 1-800-942-0854

SHORT TERM DISABILITY



Benefits of Disability Insurance

Help Protect Your Paycheck

Support for When an Injury or Illness Occurs

In today's economy, losing just one paycheck would be difficult, but a disability could have you out of work for weeks, months or even a year or more. Disability insurance replaces a portion of your income if you become disabled from a covered accident or sickness. With the Colonial Life disability plan, you can choose the amount of your disability benefits, subject to income.

Short-Term Disability coverage is effective the first of the month following date of employment. Soon after starting employment you will meet with the Benefits Counselor from Colonial Life who will set you up with the disability plan of your choice. The premium rates and elimination period will vary depending upon the plan you choose.

DISABILITY 1000 for MN AAA Risk Class

- Off-Job accident, Off-Job sickness
3 months benefit period
Elimination period – 0 days Accident/7 days Sickness
0 days Accident/14 days Sickness

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your “own” occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits gain immediately with no new elimination period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	<p>You will not receive benefits in the following circumstances:</p> <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits• You were involved in a felony commission, act of war, or participation in a riot• You were residing outside of the US or Canada for more than 12 consecutive months for purposes other than employment with your employer
Benefit Reductions	<p>Your benefits may be reduced if you are receiving benefits from any of the following sources:</p> <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan• Any Social Security or similar plan or act, benefits;• Earnings from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan
Coverage Termination	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

Additional Benefits

Progressive income Benefit, Family Care Expense Benefit Survivor Income Benefit, EmployeeConnect—Employee Assistance Program, Waiver of Premium and Portability

See your Schedule of Benefits on your Certificate for more information

For assistance or additional information Contact XXXXXXXX at

LONG TERM DISABILITY

Group Long-Term Disability Insurance; Voluntary SUMMARY OF BENEFITS

NEW EMPLOYEES can purchase coverage without providing proof of good health. Get in now to insure your insurability for the future! You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job. Your plan also includes Rehabilitation benefits that provide services and support to help you return to active work.

LONG TERM DISABILITY – New Carrier! (Hartford) Reduced Rates!

Benefits begin **after three months** of a disability and are payable for injury, sickness or pregnancy up to your normal retirement age, as defined by Social Security. (ex. Age 65, 66, 67)

You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.

All **current amounts** of LTD insurance will be grandfathered in and rolled over to the new carrier.

This initial enrollment ONLY - employees may apply for Long Term Disability without having to provide a Health Questionnaire. The new election is subject to the normal

		Age on January 1								
		0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
If your annual salary is at least	You may select a monthly benefit of	Monthly Premium Cost								
\$10,000	\$500	\$0.67	\$0.67	\$1.14	\$1.90	\$2.88	\$4.02	\$5.16	\$6.58	\$5.54
\$12,000	\$600	\$0.80	\$0.80	\$1.37	\$2.28	\$3.46	\$4.82	\$6.19	\$7.90	\$6.64
\$14,000	\$700	\$0.93	\$0.93	\$1.60	\$2.66	\$4.03	\$5.63	\$7.22	\$9.21	\$7.75
\$16,000	\$800	\$1.06	\$1.06	\$1.82	\$3.04	\$4.61	\$6.43	\$8.25	\$10.53	\$8.86
\$18,000	\$900	\$1.20	\$1.20	\$2.05	\$3.42	\$5.18	\$7.24	\$9.28	\$11.84	\$9.96
\$20,000	\$1,000	\$1.33	\$1.33	\$2.28	\$3.80	\$5.76	\$8.04	\$10.31	\$13.16	\$11.07
\$22,000	\$1,100	\$1.46	\$1.46	\$2.51	\$4.18	\$6.34	\$8.84	\$11.34	\$14.48	\$12.18
\$24,000	\$1,200	\$1.60	\$1.60	\$2.74	\$4.56	\$6.91	\$9.65	\$12.37	\$15.79	\$13.28
\$26,000	\$1,300	\$1.73	\$1.73	\$2.96	\$4.94	\$7.49	\$10.45	\$13.40	\$17.11	\$14.39
\$28,000	\$1,400	\$1.86	\$1.86	\$3.19	\$5.32	\$8.06	\$11.26	\$14.43	\$18.42	\$15.50
\$30,000	\$1,500	\$2.00	\$2.00	\$3.42	\$5.70	\$8.64	\$12.06	\$15.47	\$19.74	\$16.61
\$32,000	\$1,600	\$2.13	\$2.13	\$3.65	\$6.08	\$9.22	\$12.86	\$16.50	\$21.06	\$17.71
\$34,000	\$1,700	\$2.26	\$2.26	\$3.88	\$6.46	\$9.79	\$13.67	\$17.53	\$22.37	\$18.82
\$36,000	\$1,800	\$2.39	\$2.39	\$4.10	\$6.84	\$10.37	\$14.47	\$18.56	\$23.69	\$19.93
\$38,000	\$1,900	\$2.53	\$2.53	\$4.33	\$7.22	\$10.94	\$15.28	\$19.59	\$25.00	\$21.03
\$40,000	\$2,000	\$2.66	\$2.66	\$4.56	\$7.60	\$11.52	\$16.08	\$20.62	\$26.32	\$22.14
\$42,000	\$2,100	\$2.79	\$2.79	\$4.79	\$7.98	\$12.10	\$16.88	\$21.65	\$27.64	\$23.25
\$44,000	\$2,200	\$2.93	\$2.93	\$5.02	\$8.36	\$12.67	\$17.69	\$22.68	\$28.95	\$24.35
\$46,000	\$2,300	\$3.06	\$3.06	\$5.24	\$8.74	\$13.25	\$18.49	\$23.71	\$30.27	\$25.46
\$48,000	\$2,400	\$3.19	\$3.19	\$5.47	\$9.12	\$13.82	\$19.30	\$24.74	\$31.58	\$26.57
\$50,000	\$2,500	\$3.33	\$3.33	\$5.70	\$9.50	\$14.40	\$20.10	\$25.78	\$32.90	\$27.68
\$52,000	\$2,600	\$3.46	\$3.46	\$5.93	\$9.88	\$14.98	\$20.90	\$26.81	\$34.22	\$28.78
\$54,000	\$2,700	\$3.59	\$3.59	\$6.16	\$10.26	\$15.55	\$21.71	\$27.84	\$35.53	\$29.89
\$56,000	\$2,800	\$3.72	\$3.72	\$6.38	\$10.64	\$16.13	\$22.51	\$28.87	\$36.85	\$31.00
\$58,000	\$2,900	\$3.86	\$3.86	\$6.61	\$11.02	\$16.70	\$23.32	\$29.90	\$38.16	\$32.10
\$60,000	\$3,000	\$3.99	\$3.99	\$6.84	\$11.40	\$17.28	\$24.12	\$30.93	\$39.48	\$33.21
\$62,000	\$3,100	\$4.12	\$4.12	\$7.07	\$11.78	\$17.86	\$24.92	\$31.96	\$40.80	\$34.32
\$64,000	\$3,200	\$4.26	\$4.26	\$7.30	\$12.16	\$18.43	\$25.73	\$32.99	\$42.11	\$35.42
\$66,000	\$3,300	\$4.39	\$4.39	\$7.52	\$12.54	\$19.01	\$26.53	\$34.02	\$43.43	\$36.53
\$68,000	\$3,400	\$4.52	\$4.52	\$7.75	\$12.92	\$19.58	\$27.34	\$35.05	\$44.74	\$37.64
\$70,000	\$3,500	\$4.66	\$4.66	\$7.98	\$13.30	\$20.16	\$28.14	\$36.09	\$46.06	\$38.75
\$72,000	\$3,600	\$4.79	\$4.79	\$8.21	\$13.68	\$20.74	\$28.94	\$37.12	\$47.38	\$39.85
\$74,000	\$3,700	\$4.92	\$4.92	\$8.44	\$14.06	\$21.31	\$29.75	\$38.15	\$48.69	\$40.96
\$76,000	\$3,800	\$5.05	\$5.05	\$8.66	\$14.44	\$21.89	\$30.55	\$39.18	\$50.01	\$42.07
\$78,000	\$3,900	\$5.19	\$5.19	\$8.89	\$14.82	\$22.46	\$31.36	\$40.21	\$51.32	\$43.17
\$80,000	\$4,000	\$5.32	\$5.32	\$9.12	\$15.20	\$23.04	\$32.16	\$41.24	\$52.64	\$44.28
\$82,000	\$4,100	\$5.45	\$5.45	\$9.35	\$15.58	\$23.62	\$32.96	\$42.27	\$53.96	\$45.39
\$84,000	\$4,200	\$5.59	\$5.59	\$9.58	\$15.96	\$24.19	\$33.77	\$43.30	\$55.27	\$46.49
\$86,000	\$4,300	\$5.72	\$5.72	\$9.80	\$16.34	\$24.77	\$34.57	\$44.33	\$56.59	\$47.60
\$88,000	\$4,400	\$5.85	\$5.85	\$10.03	\$16.72	\$25.34	\$35.38	\$45.36	\$57.90	\$48.71
\$90,000	\$4,500	\$5.99	\$5.99	\$10.26	\$17.10	\$25.92	\$36.18	\$46.40	\$59.22	\$49.82
\$92,000	\$4,600	\$6.12	\$6.12	\$10.49	\$17.48	\$26.50	\$36.98	\$47.43	\$60.54	\$50.92
\$94,000	\$4,700	\$6.25	\$6.25	\$10.72	\$17.86	\$27.07	\$37.79	\$48.46	\$61.85	\$52.03
\$96,000	\$4,800	\$6.38	\$6.38	\$10.94	\$18.24	\$27.65	\$38.59	\$49.49	\$63.17	\$53.14
\$98,000	\$4,900	\$6.52	\$6.52	\$11.17	\$18.62	\$28.22	\$39.40	\$50.52	\$64.48	\$54.24
\$100,000	\$5,000	\$6.65	\$6.65	\$11.40	\$19.00	\$28.80	\$40.20	\$51.55	\$65.80	\$55.35

SUPPLEMENTAL LIFE INSURANCE



Life Insurance

"security for those you love"



If something unexpected happens, how can I be sure my family will be all right?

No one wants to think about it. But an unexpected death can have devastating consequences for survivors—consequences that can linger long after the initial shock and grief. Adequate life insurance can help your family manage expenses and make a very difficult transition less painful.

If someone will suffer financially when you die, chances are you need life insurance. Life insurance provides cash to your family after your death. This cash (known as the death benefit) replaces your income and can help your family meet many important financial needs like funeral costs, daily living expenses and college funding. What's more, there is no federal income tax on life insurance benefits.

The need for Life Insurance is great.

Most Americans need life insurance. To figure out if you need life insurance, you need to think through the worst-case scenario. If you died tomorrow, how would your loved ones fare financially?

Would they have the money to pay for your final expenses (e.g., funeral costs, medical bills, taxes, debts, lawyers' fees, etc.)? Would they be able to meet ongoing living expenses like the rent or mortgage, food, clothing, transportation costs, healthcare, etc? What about long-range financial goals? Without your contribution to the household, would your surviving spouse be able to save enough money to put the kids through college or retire comfortably?

Key Advantages of This Plan

- This plan is offered through your employer so premium rates may be more competitive than similar products you could buy as an individual.
- Your premiums are paid through a convenient payroll deduction.
- If you enroll within 30 days of becoming eligible, you can purchase coverage without providing proof of good health, up to the Guarantee Issue amount.

EMPLOYEE AND SPOUSE LIFE INSURANCE – New Carrier! (Hartford)

Benefit eligible employees may apply for additional life insurance for themselves and their spouse subject to proof of good health. Life insurance includes Accidental Death & Dismemberment. All other **current amounts** will be grandfathered in and rolled over to the new carrier. Please complete the health questions when required. Additional information may be found on the *HRconnection* website.

Amounts of Insurance: Employee- Up to \$300,000 in \$5,000 increments
Spouse- Up to \$150,000 in \$5,000 increments

MONTHLY COST Child Term Life

\$10,000	\$15,000
\$2.00	\$3.00

One premium insures all eligible children.

Age of Employee or Spouse	Your Monthly Cost Per \$1000
Under 25	\$0.06
25 to 29	\$0.06
30 to 34	\$0.06
35 to 39	\$0.10
40 to 44	\$0.12
45 to 49	\$0.17
50 to 54	\$0.25
55 to 59	\$0.45
60 to 64	\$0.68
65 to 69	\$1.29
70 +	\$2.08



Integrity Employee Benefits
651-437-7977
866-437-7977
integrity@integrityeb.com

VOLUNTARY GROUP LIFE INSURANCE - NCPERS

The total cost of coverage for the Member, their Spouse or Domestic Partner and eligible Children is \$16 per month. Payment is made by payroll deduction.

Employees are eligible if they are an actively employed member, actively at work and enroll within 90 days of employment or during open enrollment. Open Enrollment is during **October through November** every year.

When Coverage Begins - Newly hired employees become insured on the first day of the month following the first full payroll deduction. Coverage begins for employees joining during open enrollment on the first day of the month following the first full payroll deduction after open enrollment, January 1.

When Dependent Coverage Begins - Dependent coverage begins when the member coverage becomes effective, except if a dependent is confined for treatment. Coverage becomes effective when a doctor releases the dependent from confinement.

Termination - Coverage will end if payments are discontinued, members cease to be of the eligible classes, or if the plan is discontinued.

2019 NCPERS GROUP DECREASING LIFE INSURANCE RATE:
\$16.00 Per Month

NCPERS SCHEDULE OF BENEFITS

Member's Age at Time of Claim	MEMBER			DEPENDENT	
	Group Term Life Insurance	Group Accidental Death & Dismemberment Insurance	Total Benefit For Accidental Death	Spouse	Child(ren)
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000 (Age 14 days, but less than 26 years)
25 - 29	\$170,000	\$100,000	\$270,000	\$20,000	
30 - 39	\$100,000	\$100,000	\$200,000	\$20,000	
40 - 44	\$65,000	\$100,000	\$165,000	\$18,000	
45 - 49	\$40,000	\$100,000	\$140,000	\$15,000	
50 - 54	\$30,000	\$100,000	\$130,000	\$10,000	
55 - 59	\$18,000	\$100,000	\$118,000	\$7,000	
60 - 64	\$12,000	\$100,000	\$112,000	\$5,000	
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	

VISION INSURANCE



Monthly Rates

Employee	\$5.68
EE + Spouse	\$10.79
EE + Child(ren)	\$11.36
Family	\$16.70

In-Network Restrictions			
Plan allows the member to receive either contacts and frame, or frame and lens services.			
Service	Frequency	Eligible	Eligible as of Date
Routine			
Lenses	Once every plan year	Yes	05/01/2021
Frame	Once every 2 plan years	Yes	05/01/2021
Contact Lenses	Once every plan year	Yes	05/01/2021
Vision Care Services		In-Network Member Cost	Out-of-Network Member Reimbursement
Frame			
Frame	\$0 copay; 20% off balance over \$150 allowance		Up to \$105
Lenses			
Single Vision	\$25 copay		Up to \$30
Bifocal	\$25 copay		Up to \$50
Trifocal	\$25 copay		Up to \$70
Lenticular	\$25 copay		Up to \$70
Progressive - Standard	\$80 copay		Up to \$50
Progressive - Premium Tier 1	\$110 copay		Up to \$50
Progressive - Premium Tier 2	\$120 copay		Up to \$50
Progressive - Premium Tier 3	\$135 copay		Up to \$50
Progressive - Premium Tier 4	\$200 copay		Up to \$50
Lens Options			
Anti Reflective Coating - Standard	\$45 copay		Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay		Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay		Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay		Up to \$5
Photochromic - Non-Glass	\$75		Not covered
Polycarbonate - Standard	\$40		Not covered
Scratch Coating - Standard Plastic	\$15		Not covered
Tint - Solid and Gradient	\$15		Not covered
UV Treatment	\$15		Not covered
All Other Lens Options	20% off retail price		Not covered
Contact Lenses			
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance		Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance		Up to \$105
Contacts - Medically Necessary	\$0 copay		Up to \$210

FLEXIBLE SPENDING ACCOUNT (FSA)

Fillmore County offers two (2) Flexible Spending Account types through **Wex** (formerly SelectAccount or Wex) for participating employees as a convenient way to pay for certain non-covered health care and dependent day care expenses with pre-tax dollars:

- **Dental/Vision Expense Reimbursement Account** -- Under our Medical Plan, you pay deductible and co-insurance costs out of your own pocket. You also pay the full cost of other items that are not covered in any part by the plan. If you decide to enroll in this expense reimbursement account, you can pay up to **\$3,050** of these deductible, co-insured and eligible non-covered expenses with pre-tax dollars each plan year. The "grace period" is the time period in which you can incur out-of-pocket expenses in the plan year if money is left over from the previous plan year. Claims incurred during the grace period must be received prior to the end of the run out period. The current grace period end date to incur out-of-pocket expenses of your medical FSA is 3/15/2019 with run out period to 6/15/2019 to submit claims. For more information, please see your Summary Plan Description.
- **Dependent Care Expense Reimbursement Account** -- If you must pay for the care of a dependent child or adult in order to be gainfully employed, you know how costly such care can be. Now, eligible employees who enroll in the expense reimbursement account can also cover up to **\$5,000** of such expenses per plan year. Again, with pre-tax dollars! You will be reimbursed up to **your account balance** for all eligible dependent care expenses. No grace period due to potential tax issues.

The above two accounts do not change the amount or shape of your current health care benefits. They probably won't change the way you handle your dependent day care needs. They are strictly a means of budgeting and paying for these expenses in a more economical manner.

The Internal Revenue Service has a "use-it-or-lose-it" rule for these accounts. You now have an additional 2.5 months in the following plan year in which you can incur eligible expenses that may be reimbursed from your account balance from the previous year. Any amounts remaining in your account following the grace period (and after the end of the claim submission period) will be forfeited.

AN EXAMPLE OF TAX SAVINGS

	With a FSA	Without a FSA
Annual Gross Income	\$30,000	\$30,000
Employee contributions to an FSA	\$ 2,070	None
Taxable income	\$27,930	\$30,000
Federal, state, and FICA taxes	\$ 7,145	\$ 7,759
Eligible expenses to be paid after taxes	None	\$ 2,070
Remaining disposable income	\$20,785	\$20,171
Tax savings*	\$ 615	None

*This amount may vary based on your tax bracket. This example shows how an employee increased take-home pay by \$615 using a Wex FSA to pay for eligible medical and health care insurance premium expenses. The employee set aside \$2,070 in a medical FSA, which decreased taxes and increased take-home pay for that year.

Note: Because fewer taxes are taken out, future Social Security benefits may be reduced. The tax savings with a Wex FSA probably offset that reduction. Remember, this is only an example. Your savings may be different from those shown here.

HEALTH SAVINGS ACCOUNT (HSA)

Welcome to "HSA"

Fillmore County offers a Health Savings Account (HSA) through Wex. The HSA is a tax-advantaged savings account that you can use for medical, dental and vision expenses. It works like an individual retirement account that you own. It belongs to you and the money is yours to keep, even if you change jobs or retire. You do not pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.

Five ways an HSA can help you save for your future:

Money is not taxed. Money goes into your HSA without paying state or federal taxes. That brings down your taxable income and saves you as much as 28 to 40 percent on medical expenses, depending on your tax bracket.

No "use it or lose it" rule. Money in your HSA belongs to you, even if you change jobs or health plans, or retire.

Invest and grow your money. Your money can earn interest tax-free, from day one. When your Base Balance reaches \$1,000, you can activate your self-directed account to invest in more than 30 investment options through Charles Schwab.

More flexibility and choice. You can use your HSA dollars for certain health care expenses beyond what your plan covers, allowing you to purchase these services tax-free even if they aren't covered.

Even out medical expense highs and lows. Since you manage your funds, you can save HSA money when you are healthy so it is ready when you need it.

The contribution limit for **2023 is \$3,850 for individual coverage and \$7,750 for family coverage. This contribution amount includes the monthly amount contributed by the County.**

Use your HSA for medical expenses that your plan may not cover, out of pocket expenses until you reach your deductible; copayments, coinsurance and prescription drugs; dental and vision care expenses not covered by your health plan; and long term care premiums.

NOTE: *Save all your receipts to validate expenses in the event of an IRS audit.*

You cannot use your HSA for health insurance monthly premiums or expenses not related to medical treatment or care as defined by the IRS.

Once over age 55, members can contribute an additional \$1,000 towards their HSA (either individual and family coverage).



DEFERRED COMPENSATION

Fillmore County offers Deferred Compensation plans through Nationwide (NACO) and The Minnesota State Deferred Compensation Plan (MNDP)

You may contribute cash to your Section 457 Deferred Compensation Plan on a pre-tax basis.

WHAT IS DEFERRED COMPENSATION? - a governmental 457(b) is a type of retirement savings account that allows you to supplement your County retirement. You can voluntarily deduct a dollar amount or % portion of your pay to save and invest. The account is tax-deferred, which means you pay no taxes on your contributions or the earnings until you withdraw money. Your Deferred Compensation account balance can also be rolled-over to another type of retirement account including 401(k), 403(b), 401(a), or even an IRA.

Please note that the total contributions from current deductions and the Flexible Benefit Plan cannot exceed statutory limitations on your 457 Plan.

One-on-one meetings with provider representatives are available on-site to employees semi-annually.

IRS CONTRIBUTION LIMITS

Understanding IRS contribution limits is important, especially when your goal is to contribute the maximum to your account. Even if you can't do the max, consider increasing your contribution a little each year to potentially move closer to your retirement goals.

2023 Deferral Limits

Standard Deferral	\$22,500
Age 50+ Catch-up	\$7,500
Special 457(b) Catch-up	up to \$45,000

The Age 50+ Catch-up provision allows people over age 50 to contribute more to their deferred comp account.

The Special 457(b) Catch-up Provision is part of Section 457(b) of the Internal Revenue Code and was amended by the Pension Protection Act of 2006. Participants who have not contributed the maximum limit under IRS law in previous years may contribute an amount less than or equal to the maximum limit (essentially, up to double the maximum) in the three years prior to the individual's normal retirement age.



Important Notice From
Flexible Benefit Consulting, Inc.
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Fillmore County** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. ***Blue Cross Blue Shield of Minnesota and Flexible Benefit Consulting, Inc., have determined that the prescription*** drug coverage included in the group health insurance plan(s) is/are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fillmore County coverage will not be affected. You can keep the current employer coverage. If you elect part D, this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current Fillmore County coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fillmore County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for Wex information or call Flexible Benefit Administrators at (320) 864-3525. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fillmore County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov , or call them at 1-800-772-1213 (TTY 1-800-325-0778)

NAME OF ENTITY/SENDER: **Flexible Benefit Consulting, Inc.**

CONTACT/POSITION: **Justin C. Kroeger, President**

ADDRESS: **2120 ½ East 10th Street**

Glencoe, MN 55336

PHONE NUMBER: **(320) 864-3525**

CONTACT INFORMATION

COVERAGE	ADMINISTRATOR	PHONE/WEBSITE
FILLMORE COUNTY HUMAN RESOURCES	Fillmore County Administrator's Office	507-765-4566 www.co.fillmore.mn.us
MEDICAL	Medica	1-877-347-0282 WelcomeToMedica.com/MHC2
FLEXIBLE SPENDING & HEALTH SAVINGS ACCOUNTS	Wex	1-866-451-3399 benefitslogin.wexhealth.com
DENTAL	MetLife	
VISION	EyeMed	1-866-723-0513 www.eyemed.com
SHORT TERM DISABILITY	Colonial Life	1-800-325-4368 www.coloniallife.com
LONG TERM DISABILITY	Integrity Employee Benefits	
SUPPLEMENTAL LIFE INSURANCE	Integrity Employee Benefits	1-866-437-7977 integrity@integrityeb.com
VOLUNTARY GROUP LIFE INSURANCE	American Administrative Group (NCPERS)	1-800-525-8056 www.ncpers.org
PUBLIC EMPLOYEES RETIREMENT ASSOCIATION	PERA	1-651-296-7460 or 1-800-652-9026 www.mnpera.org
DEFERRED COMPENSATION	Nationwide Deferred Compensation Plan (NACo)	1-877-677-3678 www.nrsforu.com
DEFERRED COMPENSATION	MN State Deferred Compensation Plan (MNDGP)	1-800-657-5757 www.msrs.state.mn.us
EMPLOYEE ASSISTANCE GROUP	Sandcreek Ltd. (MCIT)	1-888-243-5744 1-800-550-2648