2024

EMPLOYEE BENEFITS GUIDE

City of Minot

What's Inside

Important Contacts

MEDICAL **BCBS ND** 844-363-8457 www.bcbsnd.com	**VIRTUAL HEALTH** **Amwell** www.amwell.com Service Key: BCBSND
DENTAL **BCBS ND** 844-363-8457 www.bcbsnd.com	**VISION** **BCBS ND** 844-363-8457 www.bcbsnd.com
FLEXIBLE SPENDING ACCOUNTS (FSA) **WEX** 866-451-3399 www.wexinc.com	**DEPENDENT FLEXIBLE SPENDING ACCOUNTS** **WEX** 866-451-3399 www.wexinc.com
SHORT AND LONG TERM DISABILITY **To initiate - contact HR** 701-857-4756 hr@minotnd.org **UNUM** 800-421-0344 www.unum.com	**LIFE, AD&D AND VOLUNTARY LIFE** **UNUM** 800-421-0344 www.unum.com
EMPLOYEE ASSISTANCE PROGRAM (EAP) **SupportLinc** 888-881-5462 www.supportlinc.com	**AFLAC** **Melissa Selzler** 701-340-7484 myaflac.aflac.com melissa.selzler@us.aflac.com
RETIREMENT **NDPERS** 800-803-7377 www.ndpers.nd.gov/member-self-service-mss ndpers-info@nd.gov **EMPOWER** Raymond James 701-852-2600 eldon.erickson@raymondjames.com	**CITY OF MINOT** 701-857-4756 hr@minotnd.org

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your Group. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

Who's Eligible for Health & Welfare Benefits

When you think about your total compensation package, don't forget about your benefits. Along with your pay, City of Minot has provided a benefit program with financial value. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. You and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

In addition to this guide, you can also access City of Minot's benefit information through the Mobile Benefits App at: cityofminot.mybenefitsapp.com

Eligibility Guidelines

All active employees working 40 hours or more per week are eligible for benefits. Active employees working 30 hours or more are eligible for the medical benefits. All coverage will be effective on the first or 16th of the month following employment. Upon termination, benefits will end on the 15th or the end of the month - whichever occurs sooner. Premiums will be deducted from your paychecks twice a month on a pre-tax basis.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26.

Making changes to your benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to notify Human Resources of the change. Keep in mind, the changes you make must be directly related to the event.

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Not sure if you have a qualifying event?
Need help changing your elections?
Please contact Human Resources.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Medical Insurance Terminology

Deductible
A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year, January through December.

Copays
Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a copay for prescription drugs.

Coinsurance
The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)
An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. This is an annual amount calculated during the plan year, January through December. In-network and out-of-network OOPM accumulate jointly.

Explanation of Benefits (EOB)
When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

Preventive Care
These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

In-Network
In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)
Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Certificate of Coverage / SPD
The Certificate of Coverage / SPD is a summary of the master plan document. It is available for members through their own secure member website. If changes are made to the master plan, amendments to the Certificate of Coverage / SPD will be posted.

Medical coverage

BLUE CROSS BLUE SHIELD ND

The medical coverage is administered by Blue Cross Blue Shield of ND.
Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Although you are not required to see a network provider, your expenses will be less when you seek care within the network.

*Visit www.bcbsnd.com/members/rx-tools to view the list of covered medications and which medications fall under the preventive category.

Benefits	Medical Plan
	In-Network
Annual Deductible Individual Parent & Child(ren) Family	 $250 $375 $500
Coinsurance	10% AD*
Annual Out-of-Pocket Maximum *Includes both medical and prescription Individual Parent & Child(ren) Family	 $2,250 $3,375 $4,500
Preventive Care	$0.00
Office Visits Primary Care Specialist Urgent Care	 $25 + 10% $25 + 10% $25 + 10%
Emergency Room	$150 + 10%
Pharmacy Generic Formulary Brand Formulary Nonformulary	 $10 $10 + 20% $10 +50% Sanction

AD = after deductible*

Monthly Premiums		
Enrollment Tier	**Premium**	**Per Pay Period (24)**
Single	$0.00	$0.00
Employee + Spouse	$394.35	$197.27
Employee + Child/ren	$118.65	$59.35
Family	$394.35	$197.27

FIND A NETWORK PROVIDER
Log on to **www.bcbsnd.com/find-a-doctor** to find providers in the Blue Cross Blue Shield of ND network and save money.

Virtual Care

24/7 Access to Care

Virtual care is a convenient way to get care for many common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and prescription.

With a virtual care visit, you:

Save time – avoid a trip to the doctor's office and get care from the comfort of your home, work or wherever you are.

Initiate the visit at your convenience – no appointment needed.

Get care when you need it for things like:

- Allergies
- Bladder Infection
- Bronchitis
- Pink Eye
- Migraines
- Cold and Cough
- Ear Pain
- Flu
- High Blood Pressure

amwell®

Mental Health Therapy

Amwell's team of experienced, licensed psychiatrists and therapists are available 7 days a week, from the privacy of home. They can help with:

- Anxiety
- Depression
- Postpartum
- Relationships
- Trauma Loss
- Screenings
- Insomnia

Mobile - download the Amwell app
Web - visit patients.amwell.com/
Phone - call 1-844-733-3627

GETTING STARTED
Visit **patients.amwell.com**
Product Key: BCBSND

Flexible Spending Accounts (FSA)

Medical FSA

You can set aside pre-tax contributions for medical, dental, and vision expenses not paid by your (or your spouse's) insurance plans up to $1,500. You may **not** have both a Medical FSA and HSA being funded at the same time.

Dependent Care FSA

You can set aside pre-tax contributions for dependent care expenses up to $5,000 per plan year per household.

Note that The City of Minot is not responsible for determining contribution eligibility as they do not monitor your tax filing status.

2024 Maximum Dependent Care FSA Contributions:
Household - $5,000

2024 Maximum Limited Purpose and Medical FSA Contributions: $1,500

The FSA is administered by WEX.

Flexible Spending Accounts helps you pay for everyday expenses on a pre-tax basis. The FSA year is January 1 - December 31 and is a "use it or lose it" account. You have a 75 day grace period after December 31st to submit all claims that occurred during the current flex year. You are allowed a minimum of $50 up to a maximum $610 carry-over balance into the next flex benefit year of 2024.

Note that current participants may carry-over up to $570 into the 2024 plan year and you must re-enroll each year in order to continue participating in the flex program.

Dental Plan

Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. Your plan is designed to encourage regular visits to your dentist which is essential to maintaining oral health and to provide coverage for basic diagnostic and preventive dental needs. This plan is administered by BCBSND/United Concordia Dental.

Your deductibles and annual maximums are accumulated January 1st to December 31st.

Dental Benefits	BlueDental Elite+ 50 1500	BlueDental Elite 50 1500
Annual Deductible Individual Family	 $50 $100	 $50 $100
Annual Maximum (per person)	$1,500	$1,500
Preventive Care (Routine Cleaning and X-Rays) Preventive Care services do not deduct from your annual maximum and the deductible is waived.	100%	100%
Basic Services (Fillings, Basic Root Canals)	80%	80%
Major Services (Extractions, Crowns)	50%	50%
Ortho Services	50%	N/A
Ortho Lifetime Maximum	$2,000	N/A

Coverage Type	Monthly Premium BlueDental Elite+ 50 1500		Monthly Premium BlueDental Elite 50 1500	
	Monthly	Per Pay Period (24)	Monthly	Per Pay Period (24)
Employee	$58.51	$29.26	$48.14	$24.07
Family	$149.35	$74.68	$120.64	$60.32

***Dentists who have signed a participating network agreement with BCBSND have agreed to accept the maximum allowable amount as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.*

FIND AN IN-NETWORK DENTIST BY VISITING: https://nd.ourdentalcoverage.com/find-a-dentist/#/

Vision Plan

Your eye examination and caring for your eyes is important to your overall health. Eye examinations diagnose much more than the need for corrective lenses. An eye examination can uncover more than 30 systemic diseases including hypertension, arteriosclerosis, diabetes, and Graves Disease. This plan allows you to improve your health by saving you money on your eye care purchases. This plan is administered by BCBSND/VSP.

Vision Benefits	In-Network (Member Cost)	Out-of-Network (Reimbursement)
Exam (Once every 12 months)	$10	Up to $60.00
Lenses (every 12 months) Single Vision Bifocal Trifocal	 $25 $25 $25	 Up to $50 Up to $75 Up to $100
Lens Enhancements Standard progressive lenses	$25	Up to $75
Lenticular	$25	Up to $125
Frames (Once every 24 months)	Covered up to $150.00	Up to $98
Contacts (instead of glasses) (Once every 12 months) Exam - fitting and evaluation	Covered up to $150.00 $60	Up to $135 for professional fees and materials.

Coverage Type	Employee Monthly Contributions	Per Pay Period (24)
Employee	$10.82	$5.41
Family	$24.86	$12.43

vsp vision care

ND

FINDING IN-NETWORK EYE DOCTORS

You can find an in-network eye doctor in the BCBSND/VSP Signature network by visiting: **www.vsp.com/signature**

Employee Assistance Program (EAP)

Support for everyday issues, every day

If you are a full time employee, the Employee Assistance Program (EAP) through SupportLinc offers expert guidance to help address and resolve everyday issues.

In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.

Financial Expertise

Planning and consultation with a licensed financial counselor.

Convenience resources

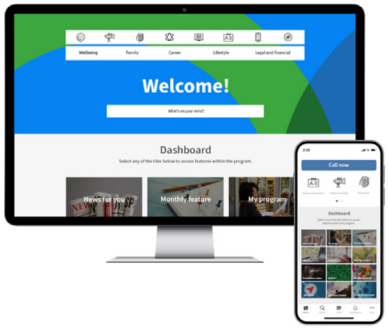
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Legal Consultation

By phone or in-person with a local attorney.

Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



Web Portal and Mobile App

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient. on-the-go support

- Textcoach®
  Personalized coaching with a licensed counselor on mobile or desktop
- Animo
  Self-guided resources to improve focus, wellbeing and emotional fitness
- Virtual Support Connect
  Moderated group therapy sessions on an anonymous, chat-based platform

CONTACT INFORMATION:

Phone: 1-888-881-5462

Web: supportlinc.com

Download the mobile app in the app store today!

supportlinc EMPLOYEE ASSISTANCE

Disability Insurance

Disability coverage will help you minimize the financial burden that may result from your inability to work due to a non-work related accident or illness. Both the Short-Term and Long-Term disability benefit premiums are paid by City of Minot.

Long Term Disability Insurance

Long Term Disability is employer-paid and therefore a taxable benefit to the employee. Disability is administered by UNUM.

You may receive 66.67% of your earnings up to a maximum monthly benefit of $6,000 in the event of a qualifying claim. Benefits may begin after 180 days of being disabled.

Short Term Disability Insurance

This benefit replaces 60% of your weekly salary, up to a maximum of $1,500 per week. Once your disability claim has been approved, you will be eligible to receive your employer paid short-term disability insurance benefit starting 7 days after your injury or illness. Your benefit will be paid for 25 weeks of disability or until you are able to return to work, whichever occurs first.

There is an option to participate in a rehab/recovery program and you will be given an additional 10% (70% total).

Aflac

Aflac
Aflac helps with expenses health insurance doesn't cover, so you can care about everything else.

Scan the QR Code below to see the Aflac Insurance Plans:

Accident Insurance:
Helps ease the financial stress of a covered injury.

Cancer/Specified Disease Insurance:
Helps financially and emotionally after a cancer diagnosis.

Critical Illness Insurance:
Helps with the cost of treating covered critical illnesses.

Disability Insurance:
Helps relieve the financial stress of a covered disability.

Hospital Indemnity Insurance:
Helps with expenses health insurance doesn't cover.

Life & AD&D

Basic Life and AD&D

The City of Minot provides a Basic Life benefit for all eligible employees working 40 or more hours each week on a regular and continuous basis. Eligible employees receive a benefit of $15,000 in life and accidental death and dismemberment. This insurance is administered by UNUM.

Keep Your Beneficiaries Up To Date

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance when completing your enrollment.

Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Life and AD&D Insurance

Additional Coverage You Can Purchase

In addition to the coverage provided by the City of Minot, you may purchase extra life insurance for yourself, your spouse and your dependent children. The premium for this coverage will be deducted from your paycheck.

Employee Premiums	Monthly Premiums.				
Coverage Amounts	$15,000	$25,000	$50,000	$75,000	$100,000
Monthly Premium	$4.05	$6.75	$13.50	$20.25	$27.00

Spouse and Children	Spouse	Children (Live Birth to 6 months)	Children (6 months - 19 years old or 22 if a full-time student)
Coverage Amounts	$2,000	$100	$1,000
Monthly Premium	$0.30		
The $0.30 monthly premium covers the spouse, child(ren) or both. *Employee must purchase voluntary life coverage for themselves in order to purchase spouse and child coverage.*			

Retirement

NDPERS Defined Benefit Plan (Pension)

Effective in 2019, All employees who are duly appointed, qualified and acting Civil Service employees of the City shall be members of the North Dakota Public Employee's Pension (NDPERS) Plan. Every duly appointed, qualified and acting civil service employee shall become a member at the time they commence employment or reemployment with the City. The North Dakota Public Employees Retirement System (NDPERS) Pension Plan is a "defined benefit" plan, which allows members to compute their future retirement benefits from a mathematical formula as set by North Dakota Century Code 54- 52-17(4).

Regardless of the earnings performance of funds, you or your beneficiaries are guaranteed to receive no less than your member account balance. This amount is referred to as your minimum guarantee. The NDPERS defined benefit is based on the following calculation: Final Average Salary x Benefit Multiplier (1.75%) * x Years of Service Credit = Monthly Single Life Retirement Benefit.

Final Average Salary is the average of your highest salaries in 36 of the last 180 months worked. Benefit Multiplier is the rate established by the legislature, at which you earn benefits. The current multiplier is 1.75%. Service Credit is the amount of public service you have accumulated under NDPERS for retirement purposes. Your credit service is reported to you each August in your Annual Statement of Accounts from NDPERS. Under NDPERS, you become vested at the earlier of: 36 months (3 years) of service credit, or attaining 65 years of age while employed with a participating employer.

NDPERS 457 Deferred Compensation Plan

NDPERS also offers a voluntary supplemental 457 Deferred Compensation Plan available in addition to the Defined Benefit Plan. For more information please visit the following link: https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-defined-contribution/dc-plan-handbook.pdf

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Holidays

City offices shall be closed in observance of all holidays listed and employees of the City shall, except for essential services which must be provided, not work upon holidays. Where an employee, because of the nature of service is required to work on a holiday, compensation time or extra pay will be provided in accordance with the rules and regulations established by the Commission, which rules may provide for treating managerial personnel differently from other personnel. When a holiday falls on a Saturday, the Friday preceding shall be considered the holiday. When a holiday falls on a Sunday, the Monday following shall be the holiday.

Holidays	
New Year's Day	January 1st
Martin Luther King Jr. Day/ Civil Rights Day	3rd Monday in January
Presidents Day	3rd Monday in February
Good Friday	Various Dates
Memorial Day	Last Monday in May
Independence Day	July 4th
Labor Day	1st Monday in September
Veteran's Day	November 11th
Thanksgiving Day	4th Thursday in November
Christmas Day	**Please see below**

Christmas Holiday – The **bolded/underlined** days/dates below shall encompass the entire observed Christmas Holiday, depending on the day of the week Christmas Day falls, and no additional days shall be treated as the Christmas Holiday:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25 Dec	**26 Dec**	27 Dec	28 Dec	29 Dec	23 Dec	24 Dec
24 Dec	**25 Dec**	**26 Dec**	27 Dec	28 Dec	29 Dec	23 Dec
23 Dec	**24 Dec**	**25 Dec**	26 Dec	27 Dec	28 Dec	22 Dec
22 Dec	23 Dec	**24 Dec**	**25 Dec**	26 Dec	27 Dec	28 Dec
21 Dec	22 Dec	23 Dec	24 Dec	**25 Dec**	**26 Dec**	27 Dec
20 Dec	21 Dec	22 Dec	23 Dec	**24 Dec**	**25 Dec**	26 Dec
19 Dec	20 Dec	21 Dec	22 Dec	23 Dec	**24 Dec**	25 Dec

Paid Time Off

Paid Time Off (PTO) - Effective 12/31/2023

During the 2024 budget process, the Civil Service Commission and City Council approved the transition to Paid Time Off (PTO) to replace the current vacation. For purposes of policy, PTO will be used as "Scheduled PTO" and "Unscheduled PTO". Scheduled PTO is leave requested and approved in advance. Unscheduled PTO is for unplanned leave used for purposes such as illness, mental health, and bereavement leave. As much notice as possible should be provided by the employee to their supervisor when asking for Unscheduled PTO, and a PTO Request must be submitted through ADP Workforce Manager immediately upon return to work. Employees who have claimed Unscheduled PTO may be required to provide documentation supporting the use. Medical and dental appointments using PTO will be authorized during work hours, if the employee notifies their supervisor in advance of the appointment within a reasonable amount of time, to ensure there is adequate personnel for work coverage. However, to the extent that is possible, employees are encouraged to set appointments during nonpeak working time for their position.

Sick leave accruals will be "frozen" effective December 30, 2023 with the transition PTO. Frozen sick leave accruals still maintain a "no cash" value status. See our employee manual for more information.

General 80 Hour Per Pay Period Employees					
	Monthly	Annual	Per Pay Period	Carry Over	Mandatory Use
0-1 year	14.69	176	6.78	300	N/A
1-5 years	14.69	176	6.78	300	40
5-10 years	16.69	200	7.70	324	80
10-15 years	18.69	224	8.63	348	80
15+ years	20.69	248	9.55	372	80

Discretionary Pay Combo								
	40 hrs - Monthly Hours	Annual	Per Pay Period	24 hrs - Monthly Hours	Annual	Per Pay Period	Annual Mandatory Use	Carryover
0-1 year	18.03	216	8.32	16.69	200	7.70	N/A	300
1-5 years	18.03	216	8.32	16.69	200	7.70	40	300
5-10 years	20.03	240	9.24	18.69	224	8.63	80	324
10-15 years	22.03	264	10.17	20.69	248	9.55	80	348
15+ years	24.03	288	11.09	22.69	272	10.47	80	372

Continued on page 18.

Paid Time Off

Non-Administrative Police Employees					
	Monthly	Annual	Per Pay Period	Carry Over	Mandatory Use
0-1 year	24.06	289	11.10	321	N/A
1-5 years	24.06	289	11.10	321	43
5-10 years	26.20	314	12.09	347	86
10-15 years	28.34	340	13.08	372	86
15+ years	30.48	366	14.07	398	86

Fire Department 2912 Employees					
	Monthly	Annual	Per Pay Period	Carry Over	Mandatory Use
0-1 year	32.00	384	14.77	450	N/A
1-5 years	32.00	384	14.77	450	60
5-10 years	35.00	420	16.15	486	120
10-15 years	38.00	456	17.54	522	120
15+ years	41.00	492	18.92	558	120

Fire administration staff will accrue PTO in accordance with the General Table above. The Fire Table reflects a conversion factor of 1.50, which is used to convert the accrual provided to other City employees to the appropriate equivalent for Fire personnel.

Carryover of PTO from one calendar year to the next will be calculated in accordance with the tables above. The last pay period in December of each year the City will buy back any accrued PTO over the applicable Carryover amount, at full value. For example, a 5-10 year General employee that has an accrued balance of 350 hours of PTO as of the last pay period of December will have 26 hours of PTO paid out and included in their second (2nd) December paycheck (350-324=26hrs).

Annual Mandatory Use outlined in the tables is the amount of PTO required to be used by an employee in a calendar year and is a cumulative minimum for the year. If an employee has not used the mandatory amount by August 31st of a calendar year, and the employee has not had PTO leave approved/scheduled before the end of the same calendar year the Department Head will schedule the remaining Annual Mandatory Use to be taken prior to December 31st of the calendar year. The City reserves the right, under the recommendation of the City Manager and the Finance Director, to require additional Mandatory use of PTO to address unexpected budget pressures.

Leave Information

Parental Leave

The City of Minot will allow FMLA qualified employees to use 12 weeks of unpaid parental leave for the birth, adoption, surrogacy or foster placement of a child, within a 12-month period of the event.

Parental leave must be taken as a continued absence during the 12-week duration. However, incremental absence(s) taken in one-week increments for the 12-week duration, may be considered in emergency cases, and must be approved by the Department Head.

Employees experiencing pregnancy will be required to file a Short-Term Disability claim to access the 6-week paid benefit (8-week for C-section births), and will be allowed to access "frozen" sick accrual bank for the remainder of the 12-week leave.

Employees experiencing adoption, surrogacy or foster placement, and expectant fathers will be allowed to use 6-weeks of PTO paid leave, and 6-weeks of unpaid leave for parental leave purposes.

Employees must provide 30-day advance notice for approval of parental leave.

Military Leave

The City of Minot will approve military leave of absence requests from employees in order for employees to fulfill their military training and service obligations, provided the employee has military orders. The City of Minot does not require the use of PTO leave for military leave.

- Up to 20 days per year for paid military leave will be granted to employees for the required annual camp and for other military training or duty when ordered by proper authority to active non-civilian employment. However, the City of Minot does not recognize 'orders' issued under 10 USC Section 672(d) (voluntary active duty) as proper orders for the purpose of granting paid military leave, instead an unpaid leave-of- absence will be granted, unless the employee requests to use PTO in order to receive pay while on 672(d) military leave.
- Any military leave caused by the full or partial mobilization of the Reserve and National Guard, or emergency state active duty, will be granted with pay for the first 30 days thereof, less any other paid military leave which may have been granted during the calendar year, pursuant to our military leave policy.
- If leave is needed for weekend, daily, or hourly periods of drill for military training, employees will be given the option of time off without pay or scheduling said training to off-duty hours.

Jury Duty Leave

If an employee is required to report for jury duty, the employee shall receive an amount which will equal the employee's regular rate of pay for the time they are gone. This is accomplished by endorsing funds for jury duty compensation to the City of Minot; endorsed checks are to be given to the Human Resource Office. The employee also has the option of taking PTO and retaining the amount received for jury duty. Jury duty is paid at $25 for the first day of duty and $50 per day thereafter.

Additional City of Minot Information

Tuition Reimbursement Program

The purpose of the City of Minot Tuition Reimbursement Program is to assist in training of City employees on a planned and continuous basis, in preparation for future promotion and succession planning opportunities. This policy supports employees seeking to further their formal education. The program assists with tuition for career or job related courses taken at accredited colleges, universities, business schools, technical and trade schools. The following procedure shall apply to participation in graduate and undergraduate programs.

To be eligible in the Tuition Reimbursement Program, an employee must be a full-time Civil Service or a designated full-time Library position and in good standing. Employees must have at least two years of satisfactory evaluations prior to applying for the program, and must sustain the same level of performance during participation in the program. Employees on a leave of absence, working part-time, or in a non-career or seasonal full-time position are ineligible.

Changes in marital status, address

Any change in an employee's marital status should be completed by the employee through ADP/WorkForce Now; revisions will include changes made to personnel/payroll records, life insurance and health insurance. If a marriage is anticipated, the information should be updated within 31 days of the marriage, to allow for changes to health insurance, and beneficiaries on life insurance, if desired.

If dependent are to be added to an employee policy,, the employee must convert to a single plus dependent or a family health policy within 31 days of the birth, adoption or placement of the dependent. If you already carry a single plus dependent or a family contract, you must still notify Blue Cross/Blue Shield of the added dependent.

Changes in insurance coverage may be completed through ADP/WorkForce Now. Changes to federal or state tax withholding may be completed by the employee through ADP/WorkForce Now.

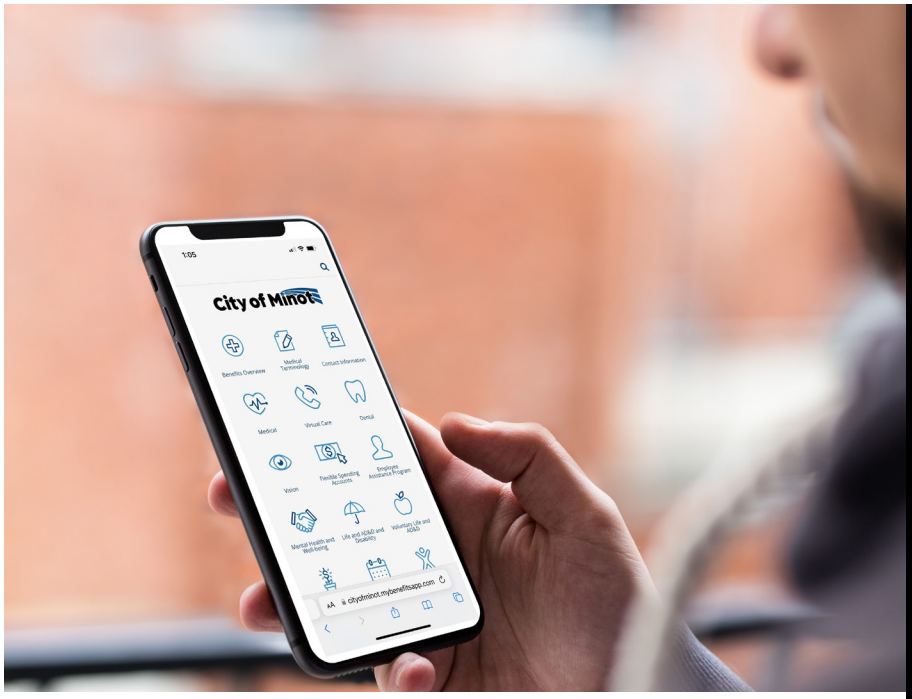
Any changes in addresses or phone numbers must be completed, at the earliest convenience, through ADP/WorkForce Now so that records may be kept up to date.

Contact the Human Resource Office with any questions you may have concerning the information provided in this section.

Pay Day

The City pays on a bi-weekly basis, every other Friday, with twenty-six pay (26) pay periods in a year. All annual payroll dates can be provided to the employee by contacting the Human Resource Department.

Mobile App



Add the icon to your smartphone for quick access!

iPhone

Tap the **Share Icon** in Safari's lower menu bar

Tap the "**Add to Home Screen**" icon

Android

Tap this Icon in the top right menu bar

"Add to Home Screen"

Windows Phone

Tap this Icon in the lower right corner

"Pin to Start"

CITY OF MINOT BENEFITS APP

What information can I access on the Benefits mobile app?

- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information
- Find online provider directories

Will the mobile app work on my device?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc… it's ready for use when you access the site address from your device.

Add to my home screen

Simply type the web address into you phones internet browser and follow the instructions listed above.

GO TO

cityofminot.mybenefitsapp.com

City of Minot

Important Notices

IMPORTANT NOTICE 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 City of Minot 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:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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.

City of Minot has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2022. If you enroll from October 15th through December 7th in 2022, your coverage will begin on January 1, 2023.

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.

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 City of Minot and don't join a Medicare drug plan within 63 continuous days aft er 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 the 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 November to join.

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

Contact the person listed below for further information. 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 City of Minot 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

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).

Remember: Keep this Medicare Part D 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).

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 coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current City of Minot overage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA SPECIAL ENROLLMENT NOTICE

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in City of Minot' health plan for you or your dependents (including your spouse/ domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

City of Minot will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage
- because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in City of Minot group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under City of Minot group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse/domestic partner, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse/domestic partner dies; Your spouse/domestic partner's hours of employment are reduced;
- Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- Your spouse/domestic partner becomes enrolled in Medicare benefits (under Part A, Part B, or both); or

+ You become divorced or legally separated from your spouse/ domestic partner.

If the Plan provides health care coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after City of Minot has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify City of Minot of the qualifying event.

REQUIRED NOTICE

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days aft er the qualifying event occurs. Contact your employer and/ or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

HOW IS COBRA COVERAGE PROVIDED?

Once City of Minot receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered Employees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitle to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months aft er the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months aft er the date of Medicare entitlement, which is equal to 28 months aft er the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify City of Minot in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact City of Minot and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse/ domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse/domestic partner and dependent children receiving continuation coverage if the Employee or former Employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse/domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to City of Minot. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep City of Minot informed of any address changes. You should also keep a copy, for your records, of any notices you send to City of Minot.

PLAN CONTACT INFORMATION

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium.

assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility:

ALABAMA - Medicaid

Website: http://myalhipp.com/

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: http://myakhipp.com/

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com/

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/

Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711

CHP+: https://hcpf.colorado.gov/child-health-plan-plus

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: http://www.in.gov/fssa/hip/

Phone: 1-877-438-4479

All other Medicaid

Website: https://www.in.gov/medicaid/

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366

Hawki Website: http://dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kynect.ky.gov

Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: http://dhcfp.nv.gov

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/

dmahs/clients/medicaid/

Medicaid Phone: 609-631-2392

CHIP Website: http://www.njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx

Phone: 1-800-692-7462

CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid & CHIP

Website: http://www.eohhs.ri.gov/

Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/

CHIP Website: http://health.utah.gov/chip

Phone: 1-877-543-7669

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: https://dvha.vermont.gov/members/medicaid/hipp-program

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov/

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: https://dhhr.wv.gov/bms/

http://mywvhipp.com/

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/agencies/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

ww.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

PAPER REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control w number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

Form Approved OMB No. 1210-0149 (expires 12-31-2026)

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1][2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1]Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2]An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and

July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact: BCBSND @ 844-363-8455.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name: City of Minot

Employer Identification Number: 45-6002126

Employer phone number: 701-857-4756

Employer address: 515 2nd Avenue Southwest / PO BOX 5006 / Minot, ND 58702

Contact about coverage: Human Resources Director

Here is some basic information about health coverage offered by this employer:

Some employees. Eligible employees are full-time employees and employees who work an average of 30 hours per week.

With respect to dependents: We do offer coverage. Eligible dependents are spouses and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

HIPAA requires that at this time we advise you that a copy of the Privacy Notice is available by:

+ Contacting Human Resources and requesting a hard copy

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

202-619-0257

Toll Free: 877-696-6775

Notes

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City of Minot