

2023

Benefit Summary



Table of Contents

Benefits Overview	3
Medical Insurance	4
Health Savings Account (HSA)	6
Flexible Spending Account (FSA)	7
Dental Insurance	8
Voluntary Vision Insurance	9
Life and Accidental Death & Dismemberment (AD&D) Insurance	10
Voluntary Life and AD&D Insurance	10
Long-Term Disability	11
Optional Group Decreasing Term Life Insurance	11
Identity Fraud Expense Coverage	12
Contact Information	13
Medical Summary of Benefits and Coverage	14
Legal Notices	19

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. 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.

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.

Benefits Overview

City of Chanhasen is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 or more hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and City of Chanhasen provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

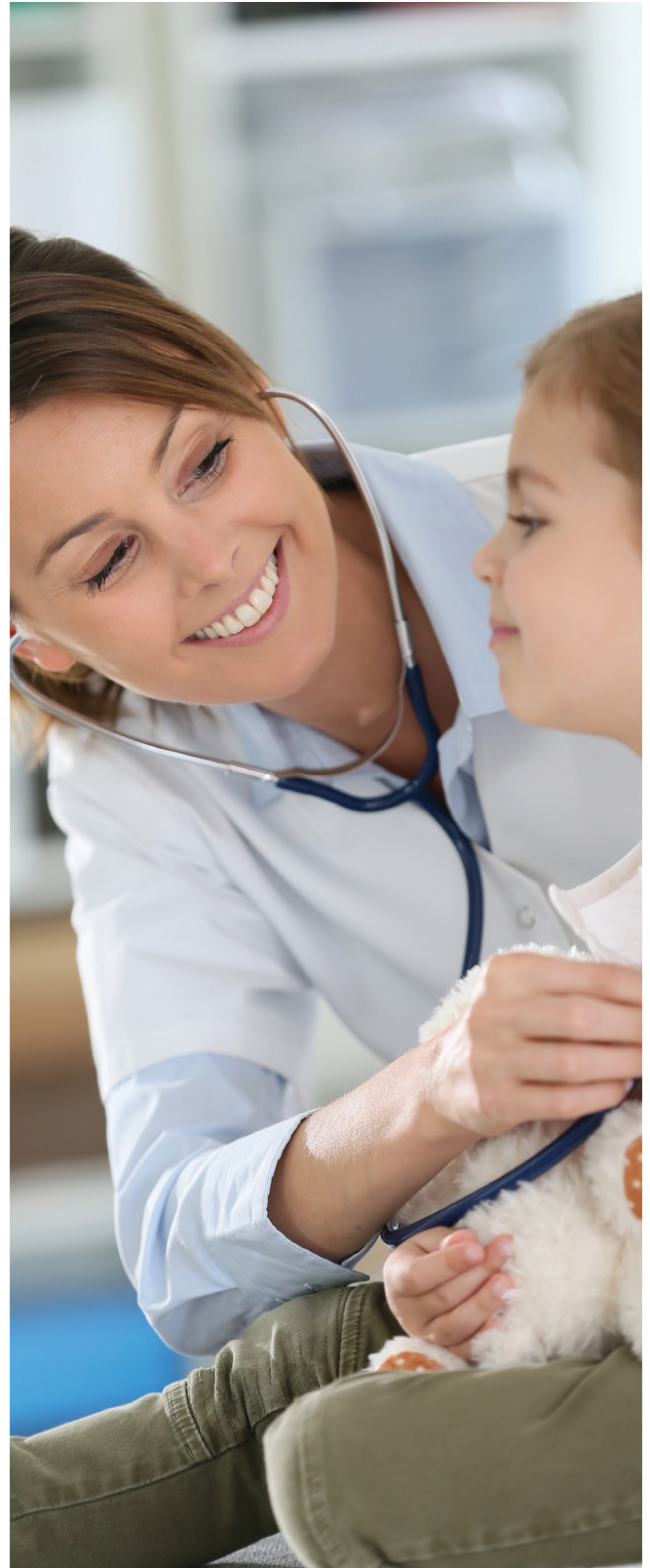
- Medical
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental
- Voluntary Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Employee Assistance Program (EAP)
- Identity Theft
- Long-Term Disability

Eligibility

You and your dependents are eligible for City of Chanhasen benefits on the first day of full-time employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or City of Chanhasen eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Medical Benefits

Administered by HealthPartners

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical covered through HealthPartner's Open Access Network. You are eligible for benefit beginning on your date of hire.

	\$2,000 - 100% Deductible HSA	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$2,000 single / \$4,000 family	\$5,000 single / \$9,900 family
Annual Out-of-Pocket Maximum	\$2,000 single / \$4,000 family	\$11,100 single / \$22,000 family
Coinsurance	0%	50%
Doctor's Office		
Primary Care Office Visit	Office Visit: 0% after deductible; Convenience Care: 0% after deductible; Virtuwell: 0% after deductible	Office Visit: 50% after deductible; Convenience Care: 50% after deductible; Virtuwell: Not covered
Specialist Office Visit	0% after deductible	50% after deductible
Wellness Care (immunizations, screening)	0%	50% after deductible
Diagnostic Test (x-ray, blood work)	0% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	0% after deductible	50% after deductible
Hospital Services		
Emergency Room	0% after deductible	0% after deductible
Inpatient	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Ambulance Service	0% after deductible	0% after deductible

	\$2,000 - 100% Deductible HSA	
	In-Network	Out-of-Network
Mental Health/ Substance Abuse Services		
Inpatient Services	0% after deductible	50% after deductible
Outpatient Services	0% after deductible	50% after deductible
Prescription Drugs		
Retail/Mail Order—Generic Drugs (31 day supply/93 day supply)	0% after deductible	50% after deductible
Retail/Mail Order—Formulary Brand Drugs (31 day supply/93 day supply)	0% after deductible	50% after deductible
Retail/Mail Order—Non-Formulary Brand Drugs (31 day supply/93 day supply)	0% after deductible	50% after deductible
Specialty Drugs (31 day supply/93 day supply)	0% after deductible	50% after deductible

	\$2,000 - 100% Deductible HSA		
	Monthly Employer Contribution	Monthly Employee Cost	Employer HSA Annual Contribution
Employee	\$710.71	\$0.00	\$2,000
Family	\$1,326.68	\$449.54	\$2,000

Health Savings Account (HSA)

Insured by Nicolet Bank

Flexible, affordable, and easy to use, a Health Savings Account (HSA) empowers you and your family to take charge of your health, money, and future.

Upon your enrollment into a qualified, HSA compatible high-deductible health plan, you have the opportunity to contribute to your HSA each pay period on a pre-tax basis. Per paycheck contributions, which are determined by you and can be changed at anytime, will be deposited into your HSA at the end of each pay period. Any remaining balance in your HSA at the end of the year will simply roll over, year after year.

If you enroll in the City of Chanhassen \$2,000/\$4,000-0% HSA plan, you will receive an HSA debit card through Nicolet Bank to use pre-taxed dollars towards qualified expenses.

City of Chanhassen will contribute \$2,000 per year towards your HSA when enrolled in the City's medical plan. These contributions will be made each pay period.

Note: Employees that begin working at City of Chanhassen mid-year and enroll in the \$2,000/\$4,000-0% HSA plan will receive a prorated HSA contribution.

	2023 HSA Contribution Limits
Individual	\$3,850
Family	\$7,750
Catch-up Contributions (age 55 and over)	\$1,000 additional

To find information on eligible expenses for your HSA, go to www.irs.gov and search for Publication 502.

Is it almost your 65th birthday?

Enrollment in any part of Medicare will make you ineligible to contribute to your HSA. You can delay both Medicare Part A and Part B until you (or your spouse) stop working or lose employer coverage. You will not pay a penalty for delaying Medicare, as long as you enroll within 6 months of losing coverage or stopping work (whichever happens first).

If you qualify for premium-free Part A, your coverage will go back (retroactively) up to 6 months from when you sign up. So, you should stop making contributions to your HSA 6 months before you enroll in Part A and Part B (or apply for Social Security benefits, if you want to collect retirement benefits before you stop working).

Flexible Spending Account (FSA)

Insured by Benefit Extras

Easy and convenient, a Flexible Spending Account (FSA) allows you and your family to save money on medical, dental, vision, and/or dependent care expenses.

City of Chanhassen's FSA plan year runs from January 1, 2023 - December 31, 2023. Any remaining balance in your FSA at the end of the plan year will be forfeited and not carried over into the next year or converted into cash.

Health Care FSA

You can set aside up to \$2,500 in a Healthcare Reimbursement FSA each year to help pay for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependent child(ren). Examples of eligible expenses include medical deductibles and coinsurance, eye glasses or contacts, orthodontia expenses, Lasik eye surgery and more.

Limited FSA

You can set aside up to \$2,500 for Dental and Vision expenses. This account is for employees who are enrolled or have spouses who are enrolled in a HSA.

Dependent Care FSA

You can set aside up to \$5,000 (up to \$2,500 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as daycare for your child or elder care. Childcare or elder care expenses may qualify for reimbursement if they meet the following requirements: A) the child is under 13 years old, if older, mentally or physically incapable of caring for him or herself; B) must be provided by a facility or caretaker with a registered tax ID number; and C) the services may be provided inside or outside of the home, but not by someone who is your dependent for income tax purposes (i.e. older child, spouse, etc).

To find information on eligible expenses for your health care and dependent care FSA, go to www.irs.gov and search for Publication 502 and 503 [Section 213(d)]

Dental Benefits

Administered by HealthPartners

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Chanhassen dental benefit plan.

Services	Open Access	OON
Annual Deductible Does not apply to preventive services	\$0	\$0
Annual Benefit Maximum	\$2,000 per person	\$2,000 per person
Diagnostic & Preventive Dental Services	100% coverage	100% coverage
Basic Services	20% after deductible	20% after deductible
Amalgam Fillings	20% after deductible	20% after deductible
Posterior composite fillings	20% after deductible	20% after deductible
Simple extractions	20% after deductible	20% after deductible
Periodontics	Non Surgical: 20% after deductible Surgical: 50% after deductible	Non Surgical: 20% after deductible Surgical: 50% after deductible
Endodontics	20% after deductible	20% after deductible
Major Restorative Services	50% after deductible	50% after deductible
Crowns, onlays, bridges, dentures, and implants	50% after deductible	50% after deductible
Other Oral Surgery	50% after deductible	50% after deductible

*Please note that if you do not enroll into the Dental Plan when initially eligible, you will not be able to enroll until the following year's open enrollment period. You are, however, eligible to enroll mid-year if you or your dependents experience a qualifying event. Please consult Danielle Washburn (contact information on page 13) for additional information.

Benefit Plan	Monthly Rates	
	Employer Contributions	Employee Cost
Employee	\$22.77	\$22.77
Employee + 1	\$22.77	\$68.33
Family	\$22.77	\$113.89

How Do I Find an In-Network Dentist

To find an in-network dentist near you, visit www.healthpartners.com/dentalopenaccess.

Online Features

To access the online features available to you, register at www.healthpartners.com to gain access to a variety of resources. Those include:

- Claims Information
- Supplemental information about your dental benefits
- Additional health resources and links

Voluntary Vision Insurance

Administered by Avesis

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Avesis doctor

Service	In-Network (any Avesis provider)	Out-of-Network
Eye Exam — once every 12 months	N/A	N/A
Lenses — once every 12 months		
Single Vision Lenses	\$10 copay	Up to \$25
Lined Bifocal Lenses	\$10 copay	Up to \$40
Lined Trifocal Lenses	\$10 copay	Up to \$50
Lenticular Lenses	\$10 copay	Up to \$80
Frames — once every 24 months	\$10 copay	Up to \$45
Contact Lenses —once every 12 months if you elect contacts instead of lenses/frames		
Conventional	\$0 Copay; \$130 retail allowance	Up to \$130
Disposable	\$0 Copay; \$130 retail allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.

No need for an ID card. To take advantage of your Avesis vision benefit, simply contact a Avesis provider and let them know you have Avesis coverage—they handle the paperwork for you.

Benefit Plan	Monthly
Vision Rates	
Employee	\$6.63
Employee + One	\$11.60
Family	\$17.23



Life and Accidental Death & Dismemberment Insurance

Insured by SunLife

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by City of Chanhassen. The city provides basic life insurance of an amount equal to one times your annual salary up to a maximum of \$125,000. Your benefit will be reduced to 65% when you reach age 65, 50% when you reach age 70, and 25% when you reach age 75. The annual premium for benefit amounts exceeding \$50,000 will be added to your W-2 as income. You are eligible for Life and AD&D benefits beginning on your date of hire.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. City of Chanhassen provides AD&D coverage of an amount equal to one times your annual salary up to a maximum of \$125,000. Your benefit will be reduced to 65% when you reach age 65, 50% when you reach age 70, and 25% when you reach age 75. The annual premium for benefit amounts exceeding \$50,000 will be added to your W-2 as income. You are eligible for Life and AD&D benefits beginning on your date of hire.

Voluntary Life and AD&D Insurance

Insured by SunLife

You may purchase life and AD&D insurance in addition to the city-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000, and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— In increments of \$5,000 up to maximum \$500,000;

Spouse— In increments of \$5,000 up to maximum \$250,000;

Children— In increments of \$10,000 up to maximum \$10,000

Monthly Voluntary Life Rates

Age	Rate per \$1,000
Under 25	\$0.065
25–29	\$0.076
30–34	\$0.082
35–39	\$0.088
40–44	\$0.111
45–49	\$0.192
50–54	\$0.319
55–59	\$0.504
60–64	\$0.689
65–69	\$1.162
70–74	\$2.201

Example rate calculation:

A 38-year-old employee elects \$50,000 of optional life.

Amount of insurance	Divided by 1,000	Multiplied by rate	Monthly Cost
\$50,000	/ 1,000 = 50	\$0.088	\$4.40

Note: Cost of spouse coverage is based on the spouse's age.

Note: The rate for your child(ren) is a flat rate of \$1.30 per family unit, regardless of the number of children. The flat monthly rate will cover each dependent child with a \$10,000 benefit.

A dependent child is defined as a child under age 19 or up to 25 if the child is a full-time student and depends on you for 50% or more of his/her support.

Optional Group Decreasing Term Life Insurance

Insured by NCPERS (underwritten by Prudential and administered by HealthSmart Benefit Solutions)

Employees can also purchase term life coverage through the Voluntary Group Life Plan with the National Conference on Public Employees Retirement Systems (NCPERS).

It gives you the opportunity to purchase affordable term life insurance with no medical evidence requirements. The monthly cost remains the same regardless of age. This plan provides group decreasing term life insurance for you and your spouse or domestic partner, and a flat benefit for all of your dependent children.

Provided by National Conference on Public Employee Retirement Systems

Coverage is available at a lower group cost through the purchasing power of the National Conference on Public Employee Retirement Systems. Every member, regardless of age, pays the same cost — just \$16 a month. Your cost does not increase with age. The plan pays a maximum benefit amount in your younger years and a gradually decreasing benefit amount in your older years.

Advantages

- Guaranteed Acceptance — no health questions asked
- 24/7 Coverage — on or off the job
- Affordable — \$16 a month regardless of your age
- Easy Payment — by automatic payroll deduction

Schedule of Benefits — \$16 Monthly Contribution (covers you, your spouse or domestic partner, and your children)					
Members Age at time of claim	Member			Dependent	
	Group Term Life	Group AD & D	Total Benefit for Accidental Death	Group Term Life Spouse/Domestic Partner	Group Term Life Children
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25–29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30–39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40–44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45–49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50–54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55–59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60–64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Payment Examples:

1. If an insured member at age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
2. If the spouse or domestic partner of a 42 year old member dies, the member would receive \$18,000.
3. If a dependent child less than age 26 dies, the payment to the member would be \$4,000.

Long-Term Disability Insurance

Insured by Sun Life

City of Chanhassen also provides disability insurance through Sun Life. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Long-Term Disability	You receive 60% of your income up to \$6,000 per month. Benefits begin after 90 days of disability and continue until you reach the Social Security Normal Retirement Age or as defined in 1983 amendments to the Federal Social Security Act.	City

Identity Fraud Expense Coverage

Insured by Traveler's

The City of Chanhassen has purchased Identity Fraud Expense Reimbursement coverage on behalf of its employees. This benefit will provide valuable coverage to you, your spouse, qualified domestic partner, children under 18, and parents.

If you are a victim of Identity Fraud please contact Traveler's at **800.842.8496** or email them at bpf@travelers.com (your policy # is 105546441).

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Contact Info	Website
Medical Insurance	HealthPartners	952.883.5000	www.healthpartners.com
Health Savings Account (HSA)	Nicolet Bank	800.369.0226	www.nicoletbank.com
Flexible Spending Account (FSA)	Benefit Extras	952.435.6858	www.benefitextras.com
Dental Insurance	HealthPartners	952.883.5000	www.healthpartners.com
Voluntary Vision Insurance	Avesis Integrity	800.828.9341 866.437.7977	www.avesis.com www.hrconnection.com User: Chanhassen Pass: Chanhassen1
Long-Term Disability (LTD)	SunLife Integrity	800.247.6875 866.437.7977	www.sunlife.com www.hrconnection.com User: Chanhassen Pass: Chanhassen1
Group Life and AD&D	SunLife Integrity	800.247.6875 866.437.7977	www.sunlife.com www.hrconnection.com Guest Key: Chanhassen
Group Voluntary Life	SunLife Integrity	800.247.6875 866.437.7977	www.sunlife.com www.hrconnection.com User: Chanhassen Pass: Chanhassen1
Identity Fraud Protection	Travelers	800.842.8496 bpfcclaims@travelers.com	www.travelers.com/resources/identity-theft/index.aspx
City of Chanhassen Contacts	Danielle Washburn - Assistant Finance Director	952.227.1141	DWashburn@chanhassenmn.gov
City of Chanhassen Contacts	Matt Unmacht—Assistant City Manager	952.227.1118	MUnmacht@chanhassenmn.gov




Legal Notices

Medical Summaries of Benefits and Coverage (SBC's)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
HealthPartners:\$2,000 - 100% Deductible HSA

Coverage Period: 01/01/2023 - 12/31/2023
Coverage for: All Coverage Levels | Plan Type: PPO

 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, call 1-800-883-2177 or visit us at www.healthpartners.com. 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 1-800-883-2177 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-network: \$2,000 Individual, \$4,000 Family contract Out-of-network: \$5,000 Individual, \$9,900 Family contract	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 policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Services marked with * and benefits with no charge under What You Will Pay are not subject to deductible	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?	In-network: \$2,000 Individual, \$4,000 Family contract Out-of-network: \$11,100 Individual, \$22,000 Family contract	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, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges (unless balanced billing is prohibited), 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.healthpartners.com/OpenAccess or call 1-800-883-2177 for a list of in-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 can see the specialist you choose without a referral.

27318-CG347-20230101-20221026090447

1 of 5



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
		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	Office Visit: 0% coinsurance Convenience Care: 0% coinsurance virtuwell: 0% coinsurance	Office Visit: 50% coinsurance Convenience Care: 50% coinsurance virtuwell: Not covered	None
	Specialist visit	0% coinsurance	50% coinsurance	None
	Preventive care/screening/immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	0% coinsurance	50% coinsurance	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.healthpartners.com/hp/pharmacy/druglist/preferredrx/index.html	Generic drugs	0% coinsurance	50% coinsurance at retail, mail not covered	31 day supply retail / 93 day supply mail order
	Formulary brand drugs	0% coinsurance		
	Non-formulary brand drugs	0% coinsurance		
	Specialty drugs	0% coinsurance	50% coinsurance at retail, mail not covered	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	50% coinsurance	None
	Physician/surgeon fees	0% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible
	Emergency medical transportation	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible
	Urgent care	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		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)	0% coinsurance	50% coinsurance	None
	Physician/surgeon fees	0% coinsurance	50% coinsurance	None
If you need mental health, behavioral health, or substance use disorder services	Outpatient services	0% coinsurance	50% coinsurance	None
	Inpatient services	0% coinsurance	50% coinsurance	None
If you are pregnant	Office visits	No charge	50% coinsurance	None
	Childbirth/delivery professional services	0% coinsurance	50% coinsurance	None
	Childbirth/delivery facility services	0% coinsurance	50% coinsurance	None
If you need help recovering or have other special health needs	Home health care	0% coinsurance	50% coinsurance	In-network: 120 visit maximum; Out-of-network: 60 visit maximum
	Rehabilitation services	0% coinsurance	50% coinsurance	Out-of-network: 20 visit limit/year
	Habilitation services	0% coinsurance	50% coinsurance	Out-of-network: 20 visit limit/year
	Skilled nursing care	0% coinsurance	50% coinsurance	120 day maximum
	Durable medical equipment	0% coinsurance	50% coinsurance	Limited to one wig per year for Alopecia Areata
If your child needs dental or eye care	Hospice services	0% coinsurance	50% coinsurance	None
	Children's eye exam	No charge	50% coinsurance	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Cosmetic surgery	• Long-term care	• Routine foot care
• Dental care (Adult)	• Private-duty nursing	• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture	• Hearing aids	• Non-emergency care when traveling outside the U.S.
• Bariatric surgery	• Infertility treatment	• Routine eye care (Adult)
• Chiropractic care		

Your Rights to Continue Coverage There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Your plan at: 1-800-883-2177, or the following: MN Dept of Health at 651-201-5100 / 1-800-657-3916 or the MN Dept of Commerce at 651-539-1600 / 1-800-657-3602 for the state insurance department or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Your plan at: 1-800-883-2177 or the following: MN Dept of Health at 651-201-5100 / 1-800-657-3916 or the MN Dept of Commerce at 651-539-1600 / 1-800-657-3602 for the state insurance department.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-398-9119.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-883-2177.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-883-2177.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-883-2177.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,000

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,000

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

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 the plan. Therefore, the following deductibles and coinsurance apply:

\$2,000 - 100% Deductible HSA Plan (Individual: 0% coinsurance and \$2,000 deductible; Family: 0% coinsurance and \$4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 952.227.1141 or DWashburn@chanhassenmn.gov.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

City of Chanhassen is committed to the privacy of your health information. The administrators of the City of Chanhassen Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Danielle Washburn - Assistant Finance Director at 952.227.1141 or DWashburn@chanhassenmn.gov.

HIPAA Special Enrollment Rights

City of Chanhassen Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the City of Chanhassen Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Danielle Washburn - Assistant Finance Director at 952.227.1141 or DWashburn@chanhassenmn.gov.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from City of Chanhassen 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 Chanhassen 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. City of Chanhassen has determined that the prescription drug coverage offered by the medical plan is, 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 City of Chanhassen coverage will not be affected. Your current coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Chanhassen coverage, be aware that you and your dependents may 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 City of Chanhassen 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 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 Chanhassen 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 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).

Date: January 01, 2023
Name of Entity/Sender: City of Chanhassen
Contact—Position/Office: Danielle Washburn - Assistant Finance Director
Office Address: 7700 Market Blvd.
Chanhassen, Minnesota 55317-
United States
Phone Number: 952.227.1141

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 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 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 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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & ChildHealth Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA-Medicaid	MINNESOTA-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	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
IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid	MONTANA-Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY-Medicaid	NEBRASKA-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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid	NEVADA-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)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

MAINE-Medicaid	NEW HAMPSHIRE-Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	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	SOUTH DAKOTA-Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-540-8838	Website: https://health.wyo.gov/healthcarefin/medicaid/coverage-and-eligibility/

To see if any other states have added a premium assistance program since July 31, 2021, 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
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork 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 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 1/31/2023)

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/publicservice or contact your federal loan servicer.



Prepared by:



Gallagher

Insurance | Risk Management | Consulting