



NORTH RISK
PARTNERS®

FACE RISK HEAD ON

Riley Purgatory Bluff Creek
Watershed District
January 1, 2023

North Risk Partners is
#oneTEAM with **#oneMISSION**:
service to our clients, to each
other, and to our communities.

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Value-Added Services

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To build
something
great,
there must
be a plan.

ABOUT US



Your partner for facing risk

We want to be more than just your insurance broker – because to us, you're a partner. Long-term, committed relationships are key to how we help clients **face risk head on** and reach their goals.

OVERVIEW OF CAPABILITIES

We specialize in strategic insurance solutions for businesses and individuals. We are committed to helping clients face risk head on with right-fit insurance programs and value-added services that help you save.

For Businesses

- Commercial Insurance
- Employee Benefits
- Executive Benefits
- Surety Bonds
- + Value-Added Services

For Individuals & Families

- Home, Auto, & More
- Health & Life

NORTH RISK PARTNERS

Our size allows us to offer more choices in coverage and important risk management resources. We are one of the largest, privately-owned independent insurance brokerages in the Midwest.

TOP 30 FIRM
IN THE UNITED STATES

\$75M
IN REVENUE

5K+
EB CLIENTS

30+
LOCATIONS

400+
EMPLOYEES



Full-Service, Forward-Thinking

A Full-Service Independent Insurance Agency

North Risk Partners specializes in strategic insurance solutions for businesses and individuals. Our advisors help clients face risk head on with right-fit insurance coverage and attention to opportunities for preventing avoidable losses. For businesses, we offer programming and compliance support in the areas of HR, safety, worksite wellness and more.

Large Enough to Give You Options

We are one of the largest, privately owned independent insurance brokerage and risk management advisory firm in the Midwest with over 400 employees and over 30 locations across five states. Our size allows us to offer more choice in our core areas of capability:

For Businesses

- Commercial Insurance
- Employee Benefits
- Surety Bonds

For Individuals & Families

- Home, Auto, & More
- Health & Life
- Farm & Agriculture

Small Enough to Be Local

We are committed to making a positive impact. Service to our clients, each other, and local communities is an important part of who we are.



VALUE-ADDED SERVICES

VALUE-ADDED SERVICES MENU

North Risk » Client

Education

- Email Updates
- Webinars & Seminars

Benchmarking Services

Commercial Insurance

- ModMaster – *Workers' Compensation analysis*
- Advisen – *Coverage and premium analysis, industry comparison*

Employee Benefits

- Springbuk Health Intelligence – *Claims analytics*
- Milliman – *Plan analysis, industry comparison*

Hotline

- Safety & Loss Control
- Human Resources
- Legal & Contract Review

Client » Tools

Tools & Resources

- Zywave Client Portal
 - Includes 18 Toolbox Tools, including:
 - ACA Reporting
 - COBRA Notices Generator
 - Compliance Notice Builder
 - Federal Poster Advisor
 - Health Compliance Calendar
 - Job Description Builders
 - Interview Question Builders
 - OSHA Log
 - Zywave Learning (LMS)

Commercial Insurance

- InsurLink (client portal)

Employee Benefits

- Ease (enrollment platform)

Professional Consulting

Custom Projects & Services

- Human Resources
- Safety & Loss Control
- Legal & Contract Review
- Wellness
- Benefits Compliance



**PREFERRED RATES +
SPONSORSHIP
OPPORTUNITIES
AVAILABLE**

Talk to your North Risk advisor
for more information.

NO COST TO YOU

Personalized advice for legal compliance and best practices in the areas of human resources and safety.

Available by phone or email:

(888) 667-4135

- *Press 1 – Human resource support from our partners at Synergy Human Resources.*
- *Press 2 – Safety support from our partners at Integrated Loss Control (ILC), including OSHA, DOT or fleet safety questions.*

hr@northriskpartners.com
safety@northriskpartners.com

What you need to know about the VAS Hotline:

- **There is no enrollment necessary.** You are welcomed to start using it!
- **You may be asked to leave a voice message if the attendant related to your selection is temporarily unavailable.** Calls will be returned within 24 hours in the order they were received and/or based on urgency. Weekend and holiday response times will vary.
- **You're free to use up to one hour of hotline consulting time per month at no cost to you.** Questions that can be answered in five minutes or less will not count towards your one hour.
- **If time above and beyond one hour is required to answer your question or solve a specific issue you may have, you will be made aware of the estimated cost before the service beyond the hotline is delivered.** North Risk Partners clients receive a discounted hourly rate for additional services provided by our hotline partners.

NEW VALUE-ADD SERVICES 2023

The same great services and more.



Increased
Geographic Reach



Enhanced
Technology Solutions



Expanded
Team of Experts

WAGNER, FALCONER & JUDD, LTD.



Safety & Loss Control



NEW HR & LEGAL SERVICES 2023

WAGNER, FALCONER & JUDD, LTD.

About WFJ

- Human Resources and Employment Law
+ Additional legal services for businesses
- 70+ employees
- Midwest-based
- National representation

Meet The WFJ Team



Michael Dupont
Shareholder & Attorney



WAGNER, FALCONER & JUDD, LTD.



Hotline with portal
for ticketing



Webinars



Employee
handbooks



HR compliance
and audits



Training
programs

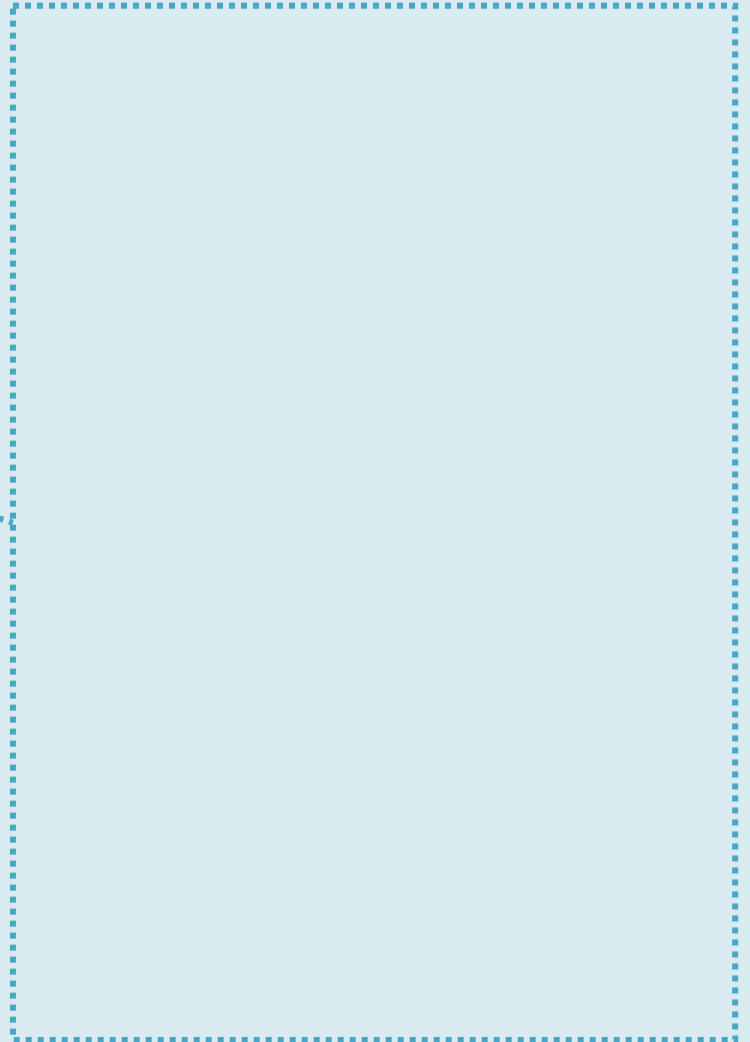


\$250/hour for projects
beyond hotline

PROFESSIONAL HR & LEGAL SUPPORT

Trending HR Issues

- Benefits During Employee Leave
- Opioid Epidemic & Marijuana Legalization
- Cost of COVID-19
- Employee Engagement
- Compensation Solutions in Economic Downturn
- Supporting Employee Mental Health
- The Impact of the Election on Benefits



Webinars & Seminars

Empower your team with educational events for risk-minded business leaders presented by industry professionals in the areas of insurance, HR, safety, and wellness.

Regulatory Updates

There are countless rules and regulations governing today's businesses, and many are complex. We help you keep current on laws and regulations that affect your company.

REGISTER TODAY FOR
NORTH RISK'S EMAIL
COMMUNICATIONS

NORTH RISK PARTNERS®

WEBINAR

ANTI-HARASSMENT: COMPLIANCE UPDATE AND BEST PRACTICES

This event is approved for SHRM credit

REGISTER TO LEARN MORE

Anti-Harassment: Compliance and Best Practices

Thursday, Oct. 22
11:00 a.m. – 12:00 p.m. CT

This webinar will cover:??

- How to handle an employee with a serious medical condition by FMLA
- Steps to protect your organization from legal liability as a co-worker or supervisor
- New harassment policy requirements from the EEOC

NORTH RISK PARTNERS®

UPDATE

HEALTH FSA LIMIT WILL REMAIN THE SAME FOR 2021

Health FSA Limit Will Remain the Same for 2021

The Affordable Care Act (ACA) imposes a dollar limit on employees' salary reduction contributions to health flexible spending accounts (FSAs) offered under cafeteria plans. For 2021, the limit will remain the same as for 2020, \$2,750. The limit may be increased for 2022.

ACA COMPLIANCE OVERVIEW

Affordable Care Act: 2021 Compliance Checklist

The Affordable Care Act (ACA) has made a number of significant changes to group health plans since the law was enacted in 2010. Since that time, a number of changes have been made to various ACA requirements that employers and plan sponsors should be aware of. It is important for employers to periodically review their benefit plans in order to maintain compliance with these various requirements.

Changes to some ACA requirements take effect in 2021 for employers sponsoring group health plans, such as increased dollar limits. To prepare for 2021, employers should review these upcoming requirements and develop a compliance strategy.

This ACA Overview provides an ACA compliance checklist for 2021. Please contact IR_Officialname for assistance or if you have questions about changes that were required in previous years.

LINKS AND RESOURCES

- U.S. Department of Health and Human Services' (HHS) [Final Notice of Benefit & Payment Parameters for 2021](#) established the cost-sharing limits for 2021.
- Internal Revenue Service (IRS) [Revenue Procedure 2020-36](#) indexed the affordability contribution percentages for 2021.

Plan Design Changes

The following plan design requirements have changed for 2021:

- Limits on cost-sharing for essential health benefits
- Coverage affordability percentages under the employer shared responsibility rules
- Health flexible spending account (FSA) salary contribution limits

Penalty Calculations

The following amounts related to ACA penalties have changed for 2021:

- Maximum penalties for ACA reporting violations
- Dollar amounts for calculating employer shared responsibility penalties

Revenue Procedure 2020-45 (Rev. Proc. 20-45), which limits the amount of salary reduction contributions for 2021, will take effect for 2021 for a number of other tax-related purposes.

FSAs will not allow employees to make contributions for the 2021 plan year, and communicate the open enrollment process.

FORMERLY
MYWAVE
CONNECT



Attorney-reviewed tools at your fingertips

- ✓ Compliance bulletins and guides
- ✓ State-by-state regulations
- ✓ Employee newsletters
- ✓ Turnkey programs
- ✓ Zywave Client Portal Tools

Tools Available to You

More than a dozen applications to help you streamline your day-to-day HR and compliance duties – from ACA compliance to total compensation statements and more.

[LEARN MORE](#)

SERVICES



HEALTH PLAN
COMPLIANCE
CALENDAR



TOTAL COMPENSATION
STATEMENT BUILDER



COBRA NOTICES
GENERATOR



EMPLOYEE COST
CALENDAR



FMLA ADVISOR



PERFORMANCE
REVIEW BUILDER



SALARY
BENCHMARKING



IN-PERSON & PHONE
INTERVIEW QUESTION
BUILDER



COMPLIANCE NOTICE
GENERATOR



OSHA LOG



FEDERAL POSTER
ADVISOR



HR SELF-
ASSESSMENT TOOL



MULTI-STATE LAWS
COMPARISON



CUSTOM JOB
DESCRIPTION
BUILDER



ZYWAVE LEARNING



ACA REPORTING



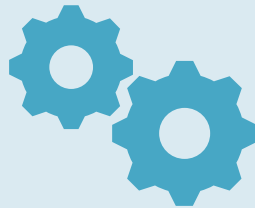
SAMPLE JOB
DESCRIPTIONS

SERVICES

Online Benefits Administration



Onboarding and implementation



Eligibility management



Carrier and payroll partner data exchange



Enrollment



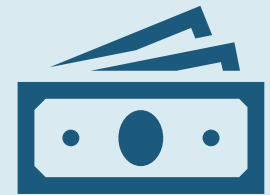
Customer care and client service by phone, web, and email



Administration of benefits through employer admin portal



COBRA (through third parties)



Consolidated billing and reconciliation

2023 HEALTH PLAN RENEWAL & MARKETING

HealthPartners Renewal Plan

Effective January 1, 2023

BENEFIT HIGHLIGHTS	HealthPartners Current	HealthPartners Renewal
	\$2400-100% HSA Gold SE Achieve	2400-100 HSA Gold SE Achieve
In-Network		
Metal Level	Gold	Gold
Network	Achieve	Achieve
Deductible (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800
Embedded Deductible	No	Yes
Max Out-Of-Pocket (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800
Embedded Max Out of Pocket	No	Yes
Office Visits		
Preventive Care Services	No Charge	No Charge
Primary Visit	0%	0%
Specialty Visit	0%	0%
Urgent Care	0%	0%
Emergency Room Visit	0%	0%
Tests		
Diagnostics	0%	0%
Imaging	0%	0%
Hospital		
Outpatient	0%	0%
Inpatient	0%	0%
Prescription Drugs		
Generic - Tier I	0%	0%
Preferred Brand - Tier II	0%	0%
Non-Preferred Brand - Tier III	Not Covered	Not Covered
Specialty Drugs - Tier IV	0%	0%
Out-of-Network		
Deductible (Ind/Fam)	\$10,000/\$20,000	\$10,000/\$20,000
Max Out-Of-Pocket (Ind/Fam)	\$30,000/\$60,000	\$30,000/\$60,000
Co-insurance	50%	50%
Medicare Creditable	Yes	Yes
Total Monthly Premium	\$5,379	\$5,787
Total Annual Premium	\$64,546	\$69,445
Change in Premium		7.59%

*Plan changes highlighted in yellow

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will

Renewal Premium Comparison

Effective January 1, 2023

Census				Current				Renewal				Change	
Employee Name	EE	SP	CH	\$2400-100% HSA Gold SE Achieve				2400-100 HSA Gold SE Achieve					
				Employee	Spouse	Children	Total	Employee	Spouse	Children	Total		
Amy Bakkum	31	31		\$398.60	\$398.60		\$797.20	\$429.54	\$429.54		\$859.08	\$61.88	
Zachary Dickhausen	33	30	1	\$415.46	\$392.98	\$312.56	\$1,121.00	\$443.99	\$420.64	\$329.84	\$1,194.47	\$73.47	
Elizabeth Forbes	48	-		\$548.91	-		\$548.91	\$605.95	-		\$605.95	\$57.04	
Terrance Jeffery	53	-		\$685.52	-		\$685.52	\$756.04	-		\$756.04	\$70.52	
Eleanor Mahon	26	-		\$352.59	-		\$352.59	\$379.50	-		\$379.50	\$26.91	
Joshua Maxwell	34	30	2	\$420.73	\$392.98	\$625.12	\$1,438.83	\$449.92	\$420.64	\$659.68	\$1,530.24	\$91.41	
Mathieu Nicklay	38	-		\$434.77	-		\$434.77	\$461.78	-		\$461.78	\$27.01	
							\$5,379					\$5,787	\$408
							\$64,546					\$69,445	
											\$4,899		

Change in Premium %

7.59%

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

HealthPartners Renewal Plan Alternatives

Effective January 1, 2023

BENEFIT HIGHLIGHTS	HealthPartners Current	HealthPartners Renewal	HealthPartners Alternate		
	\$2400-100% HSA Gold SE Achieve	2400-100 HSA Gold SE Achieve	2400-100 HSA Gold SE Open Access	3000-100 HSA Embedded Gold SE Achieve	3700-100 HSA Plus Embedded Gold SE Achieve
In-Network					
Metal Level	Gold	Gold	Gold	Gold	Gold
Network	Achieve	Achieve	Open Access	Achieve	Achieve
Deductible (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800	\$2,400/\$4,800	\$3,000/\$6,000	\$3,700/\$7,400
Embedded Deductible	No	Yes	No	Yes	Yes
Max Out-Of-Pocket (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800	\$2,400/\$4,800	\$3,000/\$6,000	\$3,700/\$7,400
Embedded Max Out of Pocket	No	Yes	No	Yes	Yes
Office Visits					
Preventive Care Services	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Visit	0%	0%	0%	0%	0%
Specialty Visit	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%
Emergency Room Visit	0%	0%	0%	0%	0%
Tests					
Diagnostics	0%	0%	0%	0%	0%
Imaging	0%	0%	0%	0%	0%
Hospital					
Outpatient	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%
Prescription Drugs					
Generic - Tier I	0%	0%	0%	0%	0%
Preferred Brand - Tier II	0%	0%	0%	0%	0%
Non-Preferred Brand - Tier III	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Specialty Drugs - Tier IV	0%	0%	0%	0%	20%
Out-of-Network					
Deductible (Ind/Fam)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Max Out-Of-Pocket (Ind/Fam)	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000
Co-insurance	50%	50%	50%	50%	50%
Medicare Creditable	Yes	Yes	Yes	Yes	Yes
Total Monthly Premium	\$5,379	\$5,787	\$6,375	\$5,630	\$5,477
Total Annual Premium	\$64,546	\$69,445	\$76,496	\$67,560	\$65,724
Change in Premium %		7.59%	18.51%	4.67%	1.82%

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

HealthPartners Renewal Alternatives

Premium Comparison

Effective January 1, 2023

				HealthPartners Current	HealthPartners Renewal	HealthPartners Alternate		
Premium Breakdown (Total Cost)				\$2400-100% HSA Gold SE Achieve	2400-100 HSA Gold SE Achieve	2400-100 HSA Gold SE Open Access	3000-100 HSA Embedded Gold SE Achieve	3700-100 HSA Plus Embedded Gold SE Achieve
Employee Name	EE	SP	CH	Total Monthly	Total Monthly	Total Monthly	Total Monthly	Total Monthly
Amy Bakkum	31	31		\$797.20	\$859.08	\$946.30	\$835.76	\$813.04
Zachary Dickhausen	33	30	1	\$1,121.00	\$1,194.47	\$1,315.75	\$1,162.05	\$1,130.47
Elizabeth Forbes	48	-		\$548.91	\$605.95	\$667.47	\$589.50	\$573.48
Terrance Jeffery	53	-		\$685.52	\$756.04	\$832.81	\$735.52	\$715.53
Eleanor Mahon	26	-		\$352.59	\$379.50	\$418.04	\$369.20	\$359.17
Joshua Maxwell	34	30	2	\$1,438.83	\$1,530.24	\$1,685.61	\$1,488.71	\$1,448.25
Mathieu Nicklay	38	-		\$434.77	\$461.78	\$508.67	\$449.25	\$437.03
				\$5,379	\$5,787	\$6,375	\$5,630	\$5,477
				\$64,546	\$69,445	\$76,496	\$67,560	\$65,724
					7.59%	18.51%	4.67%	1.82%

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

Age Rated Monthly Premiums

Effective January 1, 2023

HealthPartners

2400-100 HSA Gold SE Achieve

<u>Age</u>	<u>RENEWAL RATES</u>	<u>Age</u>	<u>RENEWAL RATES</u>	<u>Age</u>	<u>RENEWAL RATES</u>
0-20	\$329.84	39	\$467.71	55	\$826.46
21-24	\$370.61	40	\$473.64	56	\$864.63
25	\$372.09	41	\$482.53	57	\$903.18
26	\$379.50	42	\$491.06	58	\$944.31
27	\$388.40	43	\$502.92	59	\$964.70
28	\$402.85	44	\$517.74	60	\$1,005.84
29	\$414.71	45	\$535.16	61	\$1,041.41
30	\$420.64	46	\$555.92	62	\$1,064.76
31	\$429.54	47	\$579.26	63	\$1,094.04
32	\$438.43	48	\$605.95	64-99	\$1,111.83
33	\$443.99	49	\$632.26		
34	\$449.92	50	\$661.91		
35	\$452.89	51	\$691.19		
36	\$455.85	52	\$723.43		
37	\$458.82	53	\$756.04		
38	\$461.78	54	\$791.25		

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

Alternative Carrier Marketing

Effective January 1, 2023

BENEFIT HIGHLIGHTS	HealthPartners Current	HealthPartners Renewal	BlueCross BlueShield MN	Medica	United Healthcare
	\$2400-100% HSA Gold SE Achieve	2400-100 HSA Gold SE Achieve	High Value HSA Gold \$2500 Plan 558	Medica Elect MN 2600-0% HSA Gold + Rx	Core HSA w/Prem Rewards - HSA - \$2,800 -
In-Network					
Metal Level	Gold	Gold	Gold	Gold	Gold
Network	Achieve	Achieve	High Value	Elect	Core
Deductible (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800	\$2,500/\$5,000	\$2,600 / \$5,200	\$2,800/\$5,600
Embedded Deductible	No	Yes	No	No	Yes
Max Out-Of-Pocket (Ind/Fam)	\$2,400/\$4,800	\$2,400/\$4,800	\$2,500/\$5,000	\$3,300 / \$6,600	\$6,500/\$13,000
Embedded Max Out of Pocket	No	Yes	No	No	Yes
Office Visits					
Preventive Care Services	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Visit	0%	0%	0%	0%	0%
Specialty Visit	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%
Emergency Room Visit	0%	0%	0%	0%	0%
Tests					
Diagnostics	0%	0%	0%	0%	0%
Imaging	0%	0%	0%	0%	0%
Hospital					
Outpatient	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%
Prescription Drugs					
Generic - Tier I	0%	0%	0%	0%	0%
Preferred Brand - Tier II	0%	0%	0%	\$60 Copay	0%
Non-Preferred Brand - Tier III	Not Covered	Not Covered	0%	\$150 Copay	0%
Specialty Drugs - Tier IV	0%	0%	0%	\$350 Copay	0%
Out-of-Network					
Deductible (Ind/Fam)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$5,000/\$10,000
Max Out-Of-Pocket (Ind/Fam)	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000	No Maximum	\$10,000/\$20,000
Co-insurance	50%	50%	50%	50%	30%
Medicare Creditable	Yes	Yes	Yes	Yes	Yes
Total Monthly Premium	\$5,379	\$5,787	\$6,284	\$5,921	\$5,931
Total Annual Premium	\$64,546	\$69,445	\$75,409	\$71,056	\$71,171
Change in Premium %		7.59%	16.83%	10.09%	10.26%

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

Alternative Carrier Marketing

Effective January 1, 2023

				HealthPartners Current	HealthPartners Renewal	BlueCross BlueShield MN	Medica	United Healthcare
Premium Breakdown (Total Cost)				\$2400-100% HSA Gold SE Achieve	2400-100 HSA Gold SE Achieve	High Value HSA Gold \$2500 Plan 558	Medica Elect MN 2600 0% HSA Gold + Rx Copay	Core HSA w/Prem Rewards - HSA - \$2,800 - CU9G
Employee Name	EE	SP	CH	Total Monthly	Total Monthly	Total Monthly	Total Monthly	Total Monthly
Amy Bakkum	31	31		\$797.20	\$859.08	\$932.86	\$879.00	\$880.42
Zachary Dickhausen	33	30	1	\$1,121.00	\$1,194.47	\$1,297.06	\$1,222.18	\$1,224.16
Elizabeth Forbes	48	-		\$548.91	\$605.95	\$657.99	\$620.00	\$621.01
Terrance Jeffery	53	-		\$685.52	\$756.04	\$820.98	\$773.58	\$774.83
Eleanor Mahon	26	-		\$352.59	\$379.50	\$412.10	\$388.31	\$388.94
Joshua Maxwell	34	30	2	\$1,438.83	\$1,530.24	\$1,661.67	\$1,565.74	\$1,568.28
Mathieu Nicklay	38	-		\$434.77	\$461.78	\$501.44	\$472.49	\$473.26
Total Monthly Premium				\$5,379	\$5,787	\$6,284	\$5,921	\$5,931
Total Annual Premium				\$64,546	\$69,445	\$75,409	\$71,056	\$71,171
Change in Premium %					7.59%	16.83%	10.09%	10.26%

This outline summarizes certain provisions of the plans illustrated. Complete plan information is included in the summary of coverage and legal documents that govern each plan. If there is a discrepancy between this and the legal documents, the legal documents will govern.

MULTI-PLAN GUIDELINES

BCBS of MN:

2-9 enrolled employees = two plans

10+ enrolled = four plans

Networks = Aware / High Value / AdvanceHealth

HealthPartners:

1-5 enrolled employees = one plan

6-9 enrolled employees = two plans with one network

10-50 enrolled employees = three plans with two networks

Achieve network can be paired with OA or OAP

SmartCare network can be paired with OA or OAP

Platinum plans cannot be paired with Bronze plans.

Medica:

2-5 enrolled employees = one plan with 2 networks

6-20 enrolled employees = up to 6 total plans and/or networks

21+ enrolled employees = up to 12 total plans and/or networks

Networks = Choice / Elect / ACOs (6)

Multiple product offerings must include Choice PP. All network plans must have the same plan design as Choice PP.

UHC FI:

No restrictions on number of plans or networks.

Networks = Choice network and ACO option (Core Essential) M Health Fairview and North Memorial Health.

Network solutions

Network options

Select network

The Select** network helps employees get the right, local care for the best price. Save up to 16.5% when you switch from Open Access. Select brings together the convenience and affordability of virtual care with the experience of these locally trusted care providers:

- HealthPartners and Park Nicollet Clinics and Hospitals
- Children's Minnesota for pediatric specialty care
- Select specialty care provider partners
- Access to a limited national network through the Far from Home network

Select is available in the six Twin Cities metro counties of Anoka, Dakota, Hennepin, Ramsey, Scott, and Washington.

Search the Select network at healthpartners.com/select.

TieredChoice network

The TieredChoice** network gives members flexibility to choose what care and cost options best suit their needs across three levels, or "tiers." Available to employers located in the six Twin Cities metro counties of Anoka, Dakota, Hennepin, Ramsey, Scott, and Washington.

Members have access to these tiers to get the most affordable care:

- **Tier 1 (select tier):** HealthPartners and Park Nicollet Clinics and Hospitals, Children's Minnesota, and select specialty care partners
- **Tier 2 (standard tier):** All other providers in our Open Access network
- **Tier 3:** Out-of-network providers

Search the TieredChoice network at healthpartners.com/tieredchoice.

Value-based network

All networks include:

- **Access to the best care possible.** Find the highest-quality, lowest-cost providers – no referral needed.
- **National coverage.** Travelers and dependents have in-network access to more than 1 million providers and 6,300 hospitals – no referral needed. Select network offers a limited national network through the Far from Home network.
- **Fast and easy online care.** Get unlimited, in-network telehealth coverage with access to Doctor on Demand with no cost sharing for use of Virtuwell®.*

*HSA plans have 100% coverage for Virtuwell® after deductible.

**Select and TieredChoice networks are only available in select counties. Refer to the service area maps on healthpartners.com/broker for details.



Member tools and resources

Everyday support	
Member Services	Answers questions about health and dental plan coverage or claims, finding a doctor, and more
myHealthPartners online and myHP mobile app	Check claims and balances, search for doctors, view ID card and more
Employee Assistance Program (EAP)	Free 24/7 resources and support to manage stress, be more productive at work and live healthier every day

Living Well: Resilience and well-being resources	
Health assessment	Online questionnaire to learn about current health and steps to make it even better
Digital activities	Online activities to lose weight, manage stress, exercise more and live a healthier lifestyle
Wellbeats	An on-demand fitness streaming platform with more than 500 classes
Condition management	Tools and resources to manage health conditions, prevent complications and stay out of the hospital
Tobacco cessation coaching	Health coach support to quit smoking
Preventive care guidelines	Recommendations from the experts
Online care	Fast and convenient treatment for a variety of conditions
myStrength	A digital program that uses evidence-based cognitive behavioral therapy to support all aspects of mental health
Omada Health	Digital health coach support using smart connected devices to prevent and manage diabetes, hypertension and healthy weight

Healthy Discounts: Retail and service discounts	
Active&Fit Direct program	Offers more than 11,000 fitness centers nationwide for a flat monthly fee
GlobalFit's Gym Network 360	Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands
TruHearing	Save 30-60% off the average retail price of hearing aids. Includes 1 year of follow-up visits for fitting and adjustments

Health advocacy support	
Case Management Nurse support	Ensures the right care and support for any condition
Disease Management Nurse support	Offers the appropriate care and support for chronic conditions like asthma, cancer, COPD, diabetes, low back pain and pregnancy
Medication Therapy Management	Helps members who take multiple medicines better manage drug safety and effectiveness
Assist America	Delivers emergency assistance when away from home, available 24/7/365
Healthy Pregnancy	Personalized support to members during pregnancy to help them stay healthy and make informed decisions before, during and after delivery
NowPow	Provides local, community assistance and resources, and information on social services
OncoHealth	Digital support for members and caretakers coping with cancer from a nurse team, behavioral health specialists trained on oncology and a peer network

Decision support	
CareLineSM service	Provides 24/7/365 nurse support for better symptom management and advice on treatment
Nurse Navigators	Helps with any health care need, treatment or benefits question, and more
Behavioral Health Navigators	Offers support for any mental or chemical health need, treatment or benefits question, and more
Pharmacy Navigators	Delivers expert pharmacy benefit help, including cost savings and prior authorization support
BabyLine phone service	Provides 24/7/365 nurse support during pregnancy and for new parents
Online Decision Points	Offers resources that consider personal values to make medical decision making easier
Plan for MeSM	Compares plan options and potential costs using an online tool
Prescription shopping tool	Finds the lowest cost medicine, transfer pharmacies and ways to save money



WELLNESS SOLUTIONS



- Employee Assistance Program (EAP)
 - Confidential personal support for almost any need
- Wellbeats
 - Digital fitness classes available anywhere, anytime and from any device
- Healthy Discounts Program
 - Discounts for being a member
- Beating the Blues
 - Learn skills to decrease stress, depression and anxiety
- Health Assessment
 - Online questionnaire to determine your current health, set goals, and make improvements

Other Resources Available

GlobalFit

Discounts from 5% - 20% on gym memberships at 9,000+ fitness facilities, weight loss programs and wellness brands.

Includes education, resources and tools to become active and adopt healthier behavior.

Well-Being Activity

Complete an activity or work with a health coach on topics that interest you

Interactive Health Tools and Trackers

General health tools and symptom checker

2023

**ANCILLARY BENEFITS
RENEWAL**

HealthPartners Open Access

	IN-NETWORK	OUT-OF-NETWORK
Annual maximum	\$1,000	\$1,000
Deductible		
Per person per calendar year	\$50	\$50
Family	\$150	\$150
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services		
Amalgam fillings	80%	80%
Posterior composite fillings	80%	80%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services		
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services		
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%
Value-added benefits, automatically included		
Little Partners Benefit:	Dental services for children 12 and under will be covered at 100 percent with no deductible, no annual maximum or frequency limitations when going to an in-network dentist. Little Partners does not include orthodontic, dental implant or services not covered for other members.	
Diabetes and Pregnancy:	For those living with diabetes or who are pregnant and at risk of gum disease, we cover additional exams, cleanings, scaling and root planing, and debridement 100 percent at in-network dentists.	

This document is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials or contact Member Services at (952) 883-5000 or 1-800-883-2177



Group Name: Riley Purgatory Bluff Creek Watershed

Dental Census

District

Group #: 34286

Renewal Date: 01/01/2023

HealthPartners Dental		
Bundled pricing is shown below*		
	\$1,000 \$50 100/80/50	\$1,000 \$50 100/80/50
	Current Rate	Renewal Rate
Employee:	\$48.95	\$50.97
Employee +1:	\$97.40	\$101.42
Family:	\$110.14	\$114.69

Member Name	Gender	Relation	Birth Date	Age
Bakkum, Amy	F	Self	02/21/1991	31
Stafslien, Zachary	M	Spouse	02/20/1991	31
Dickhausen, Zachary	M	Self	12/31/1989	33
Dickhausen, Stephanie	F	Spouse	08/24/1992	30
Dickhausen, Arlo	M	Child	01/08/2020	2
Forbes, Elizabeth	F	Self	02/28/1974	48
Forbes, Andrew	M	Spouse	08/09/1974	48
Forbes, Aidan	M	Child	04/27/2002	20
Jeffery, Terrance	M	Self	05/29/1969	53
Mahon, Eleanor	F	Self	10/15/1996	26
Maxwell, Joshua	M	Self	02/11/1988	34
Maxwell, Jennifer	F	Spouse	01/05/1992	30
Maxwell, Milayah	F	Child	10/24/2019	3
Maxwell, Ellawyn	F	Child	11/03/2021	1
Nicklay, Mathieu	M	Self	01/19/1984	38

*Bundled pricing is available when paired with a HealthPartners small employer, fully insured medical plan. If the medical plan terms, changes to level funding, or moves to large group, the family dental rate will change.

**SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE**

The Insurance for each Insured and each Insured Dependent will be based on the Insured's class shown in this Schedule of Benefits.

<u>Benefit Class</u>	<u>Class Description</u>
Class 1	All Eligible Employees

EYE CARE EXPENSE BENEFITS

When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

Deductible Amount:

When a Participating Provider is used:

Exams - Each Benefit Period	\$10
Contact Lens Fitting and Evaluation - Each Benefit Period	\$60
Frames, Lenses, and Medically Necessary Contacts - Each Benefit Period	\$10

When a Non-Participating Provider is used:

Exams - Each Benefit Period	\$10
Frames, Lenses, and Medically Necessary Contacts - Each Benefit Period	\$10

Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.

COMPLIANCE UPDATES

COMPLIANCE UPDATE

Limits to Know in 2023

High Deductible Health Plan (HDHP)

Minimum deductible

Single: \$1,500 (up \$100 from 2022)
Family: \$3,000 (up \$200 from 2022)

Maximum out-of-pocket costs

Single: \$7,500 (up \$450 from 2022)
Family: \$15,000 (up \$900 from 2022)

Health Savings Account (HSA)

Maximum contributions

Single: \$3,850 (up \$200 from 2022)
Family: \$7,750 (up \$450 from 2022)

Catch-up contributions

\$1,000 (no change from 2022)

Flexible Spending Account (FSA)

Contributions

TBD

2022 TRENDS

Health Plan Management

- Direct Primary Care
- International RX Sourcing
- Self-Funded Captives
- Reference Based Pricing
- ICHRA
- Healthcare Utilization Predictive Modeling
- Convenience Focused Disease Management
- Bundled Care – Direct Provider
- SIHRA

Employee Facing Solutions

- App-based Wellness Solutions
 - Physical Health
 - Mental Health and Support
 - Financial Wellbeing
- Expanded Virtual Enrollment and Education Solutions
- Onsite Care
- Virtual Wellness Fairs

COMPLIANCE UPDATE

MEDICARE

- An employee is eligible for Medicare the first of the month of their 65th birthday
- The employee needs to contact the social security office to initiate Part A or Part A and Part B coverage (they can call up to 90 days in advance; here's the phone number (800) 772-1213).
- Eligible employees have the option to remain on the group plan or elect Medicare options along with a supplemental plan.
- Small Group Health Plans (a plan with fewer than 20 full-time, active employees) pay secondary to Medicare. To avoid possible late enrollment penalties or lack of secondary benefits from your employer, it is advised that Medicare-eligible beneficiaries enroll in Medicare Part A and Part B 90 days prior to their 65th birthday.

MEDICARE PART D

Is your plan considered a creditable drug plan per CMS guidelines? If not, the Medicare eligible employee will need to enroll in a creditable Part D plan to avoid penalties. To have a Part D plan, they will need to enroll in Medicare Part A. If you have an HSA plan, this will disqualify them from being able to contribute to a health savings account (HSA). See below.

HDHP with HSA

- If an employee enrolls in Medicare Part A or Part A and Part B, they are no longer eligible to contribute to an HSA. The employer is unable to contribute funds to the employee's HSA under the same circumstances. The HSA would freeze from further contributions, but money in the account remains available to use for eligible expenses.
- If an employee delays enrollment into Part A or Part A and B to keep their HSA eligibility, this could cause future issues when they do enroll. If a person delays Part A and then later enrolls, Social Security goes back six months for the effective date of Part A. This will cause an issue with the HSA. The IRS could impose penalties and taxes for the coverage for those six months since they were not eligible to be enrolled on an HSA plan because of dual coverage restrictions.

LIFE INSURANCE

- Most group life plans have an age reduction schedule that begins at age 65 (review plan details).
- If applicable, employer will need to notify the employee of the reduced amount. Conversion of the reduced amount to an individual policy may be available through carrier. This must be applied within 31 days of the reduction.

FSA / FLEX PLAN

Turning 65 does not change an employee's eligibility to participate in a Flexible Spending Plan.

COMPLIANCE UPDATE

HERE'S HOW TO COMPLETE YOUR REQUIREMENTS:

The only way to comply with the CMS disclosure is by submitting a disclosure form on the CMS website. The electronic form is very user friendly and should take you less than five minutes to complete. You will need the following information to complete the form.

- Group name and Federal Tax Identification Number
- Type of coverage and number of drug options offered
- Credible coverage status of drug options offered by the group
- Period covered by the disclosure (plan year)
- Name, title, email address of the group's authorized individual

The website is:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>

The filing deadline is 60 days after the first day of the plan year (your renewal date).

ADDITIONALLY

CMS has issued updated guidance on how to determine whether a prescription drug plan is deemed to be credible. The criteria are available at: <http://www.cms.hhs.gov/creditablecoverage> under guidance documents.

Creditable Coverage notices must be provided to Medicare Part D eligible individuals under the following circumstances.

- Prior to the Medicare Part D annual election period (October 15th each year)
- Prior to the individual's initial enrollment period
- Prior to the effective date of coverage for any Medicare eligible participant that joins the plan
- Within 30 days after the termination of a plan's prescription drug coverage or a change in its creditable coverage status
- Upon request by an individual

All group health plans offered by employers, unions, government employers and tribal organizations are required to notify the Centers of Medicare and Medicaid Services (CMS) of creditable or non-creditable status of prescription drug coverage on an annual basis.

COMPLIANCE UPDATE

WHAT DOES THE BROKER COMPENSATION DISCLOSURE RULE MEAN FOR EMPLOYERS?

Transparency and shared expectations are gold standards of any successful business relationship. When it comes to a broker, employers should look for someone who keeps them informed about important issues related to their interests.

BROKER COMPENSATION DISCLOSURE RULE

The Consolidated Appropriations Act (CAA) was signed into law in late 2020 and contains several provisions related to business transparency. Beginning Dec. 27, 2021, as part of the CAA, covered service providers (CSPs)—i.e., insurance brokers and consultants—must disclose all compensation to clients if they expect to receive \$1,000 or more in direct or indirect compensation for providing their services. This means employers will be able to see exactly how brokers earn money, which can help inform plan decisions.

EMPLOYER TAKEAWAY

Knowing how a broker earns their money helps maintain transparency in pricing conversations. With this new compensation disclosure rule, employers will see precisely the cost of a broker's services. Understanding these prices can help establish greater trust between employers and their brokers. Employers will no longer need to guess how much of their money goes toward their group health plan; they will now be able to see it clearly.

Additionally, plan fiduciaries—whether they be the employer, their carrier or TPA—must be aware that the disclosure rules impose new obligations upon them. Fiduciaries could begin getting disclosure documentation from their broker as early as this fall, so preparation will be key.

COMPLIANCE UPDATE

WHAT ARE THE NEW TRANSPARENCY IN COVERAGE REQUIREMENTS?

New transparency in coverage requirements apply to group health plans and health insurers in the individual and group markets. These rules require plans and issuers to disclose certain price and cost information to participants, beneficiaries and enrollees.

These provisions only apply to non-grandfathered coverage, including both insured and self-insured group health plan sponsors. The requirements take effect in three phases, as follows:

- **Jan. 1, 2022:** Detailed pricing information must generally be made public for plan years beginning on or after Jan. 1, 2022.
- **Jan. 1, 2023:** A list of 500 shoppable services must be available via the internet-based self-service tool for plan years beginning on or after Jan. 1, 2023.
- **Jan. 1, 2024:** A list of the remainder of all items and services is required for plan years beginning on or after Jan. 1, 2024.

TRANSPARENCY IN COVERAGE REQUIREMENTS

The [Transparency in Coverage Final Rules](#) (TiC Final Rules) require non-grandfathered group health plans and health insurance issuers offering non-grandfathered coverage in the group and individual markets to disclose certain information. The final rule includes two approaches to make health care price information accessible to consumers and other stakeholders, allowing for easy comparison shopping.

PARTICIPANT, BENEFICIARY AND ENROLLEE DISCLOSURES

First, most non-grandfathered group health plans and health insurance issuers offering non-grandfathered health insurance coverage in the individual and group markets will be required to disclose personalized price and cost-sharing information to participants, beneficiaries and enrollees (or their authorized representatives). Specifically, plans and issuers must provide **personalized out-of-pocket cost** information and the underlying negotiated rates for all covered health care items and services, including prescription drugs, through an internet-based self-service tool and in paper form upon request.

MEDICARE: WHAT TO EXPECT

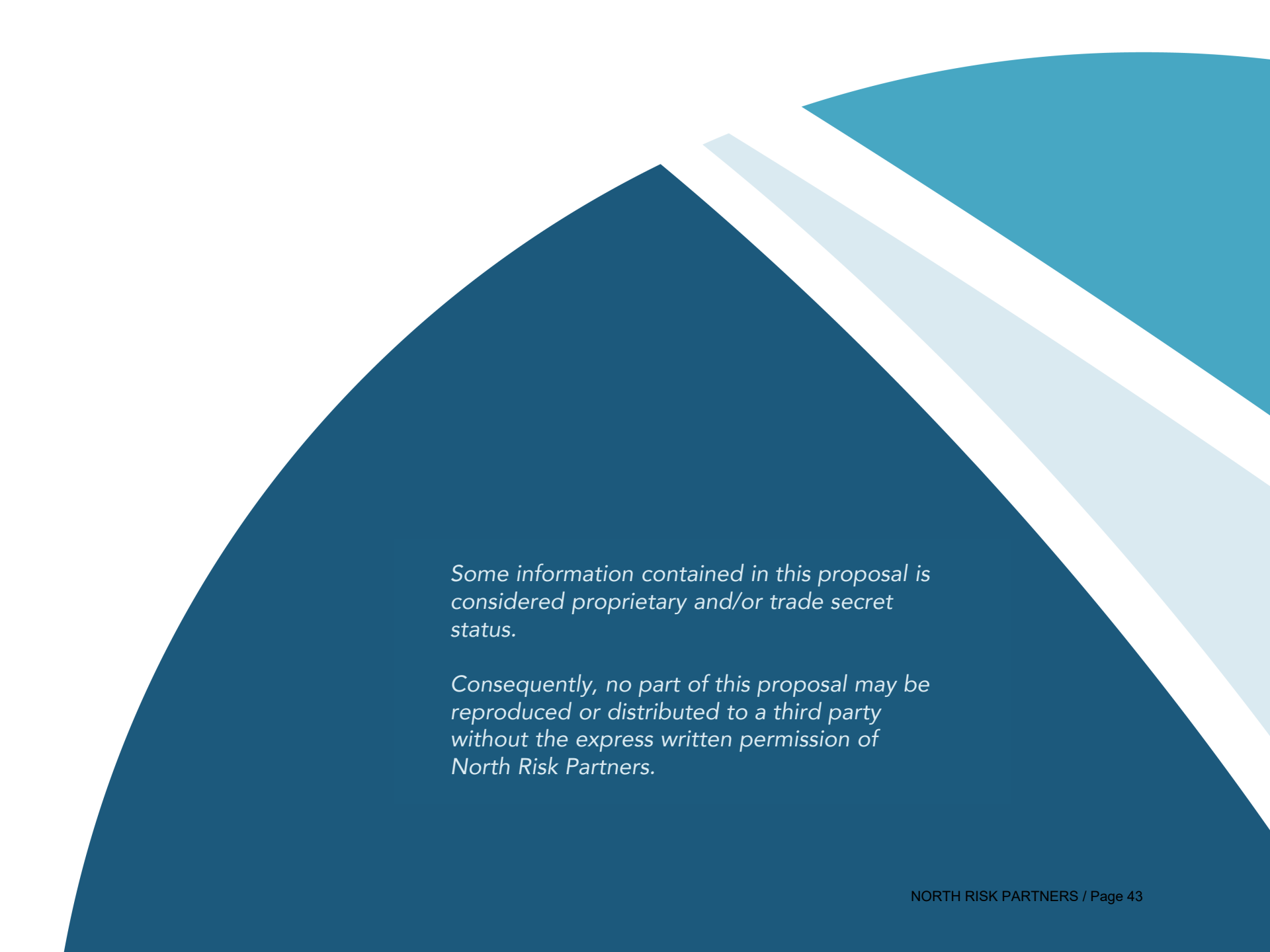
Transitioning from Group Insurance to Medicare

Have Dual Coverage?

- Yes, you can have both Medicare and Group if preferred (not often advisable)
 - Job-based insurance is **primary if it is from an employer with 20+ employees**. Medicare is secondary in this case.
 - Job-based insurance is **secondary if it is from an employer with fewer than 20 employees**. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no coverage.

Additional Facts

- You can no longer contribute to an HSA once enrolled in Medicare Part A.
- Medicare Part A is premium free 'only' to those who have worked and paid Medicare taxes for 40+ quarters.
- You must have creditable drug coverage either by your group or Medicare plan.
 - Failure to do so may result in **lifetime penalty**.



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