



**Brooklyn
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City of Brooklyn Park

2023

Benefit Summary

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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

The City of Brooklyn Park is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet.

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

Benefits Offered

- Medical
- Dental
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)
- Life and AD&D Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Long Term Disability



Eligibility

You and your dependents are eligible for City of Brooklyn Park benefits on the first of the month following 30 days of employment. Regular status employees who work 40+ hours per week are eligible for all available benefits. Regular status employees working 30+ hours per week are eligible for medical benefits, and those working 20+ hours per week are eligible for limited benefits.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age.

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 - How to Enroll

Administered by PEIP



Step by Step Instructions for Enrollment in the Public Employees Insurance Program Advantage Plan

To help explain your options in the Public Employees Insurance Program, we have created the following guide.

🌀 Step 1 – Choose Your Plan Level 🌀

The Public Employees Insurance Program Advantage Plan has cost sharing features that will help you and your employer to better control health care costs while maintaining flexibility in access to doctors and clinics. The Public Employees Insurance Program offers three Plan choices:

- Advantage (High)
- Value (Medium)
- HSA (Low)

Choose the Benefit Level that best fits your needs. The premium and cost sharing will vary based on the Benefit Level you choose. You may change your Benefit Level each year during your group's annual open enrollment.

🌀 Step 2 – Choose Your Health Plan/Network 🌀

The Public Employees Insurance Program offers three different Health Plans/Networks to choose from:

- HealthPartners
- Blue Cross Blue Shield
- Preferred One

Choose the network carrier that best fits your needs. Your network selection will not affect the cost of the plan; nor will it affect the premium rate. The benefits are similar under each network (HP has a slightly higher benefit for treatment of infertility). You may change your Health Plan/Network level each year during your group's annual renewal.

🌀 Step 3 – Choose Your Primary Care Clinic 🌀

Primary Care Clinics have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost/quality of delivering health care. The amount of cost sharing that is paid for health care services varies depending upon the cost level of the Health Plan and Network that you choose.

- Select a primary care clinic (PCC) for each family member

Each family member must select a primary care clinic (PCC). Family members may choose different PCCs – even in a different cost level, but all family members must enroll with the same Plan Level and Network choice. Your enrollment form should include the primary care clinic # associated with your network carrier.

All primary care clinics are broken into four tier levels that determine the benefits received by that family member. A list of participating clinics is available online to help you make your primary care clinic selection. This list includes your primary care clinic's clinic number that you will need in order to enroll. You can change clinics by calling the phone number on your ID card.

Most medical care is coordinated through a Primary Care Clinic (PCC) and you will generally need a referral to see a specialist (referrals to a specialist's office will be covered at the same cost level as your PCC). You may self-refer to certain specialists including OB/GYN, chiropractors, routine vision, and mental health/chemical dependency practitioners, providing the practitioner is part of the carrier's self-referral network. No referrals needed for urgent care and emergencies.

A statewide primary care clinic listing and health plan documents, including the Summary Benefit Comparisons (SBC's) for all plan levels, are available online at www.innovomn.com.

IMPORTANT! Once enrolled you will receive TWO ID cards. One card will be sent from your health plan (HP, BCBS, POne) which is to be used for medical services. The second card from CVS is to be used for all pharmacy charges. If you have questions please call us at 952.746.3101 or 800.829.5601 or email us at shawn@innovomn.com.

Advantage High Option

Administered by PEIP

City of Brooklyn Park

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
A. Preventive Care Services <ul style="list-style-type: none"> • Routine medical exams, cancer screening • Child health preventive services, routine immunizations • Prenatal and postnatal care and exams • Adult immunizations • Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible * (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> • Outpatient visits in a physician's office • Chiropractic services • Outpatient mental health and chemical dependency • Urgent Care clinic visits (in & out of network) 	\$30 copay per visit annual deductible applies	\$35 copay per visit annual deductible applies	\$65 copay per visit annual deductible applies	\$85 copay per visit annual deductible applies
D. Network Convenience Clinics & Online Care	Nothing	Nothing	Nothing	Nothing
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> • Emergency care received in a hospital emergency room 	\$100 copay Not subject to deductible	\$125 copay Not subject to deductible	\$150 copay Not subject to deductible	\$350 copay Not subject to deductible
F. Inpatient Hospital Copay	\$100 copay annual deductible applies	\$200 copay annual deductible applies	\$500 copay annual deductible applies	25% coinsurance annual deductible applies
G. Outpatient Surgery Copay	\$60 copay annual deductible applies	\$120 copay annual deductible applies	\$250 copay annual deductible applies	25% coinsurance annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics and Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
K. MRI/CT Scans	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: <ul style="list-style-type: none"> • Ambulance • Home Health Care • Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> • Radiation/chemotherapy • Dialysis • Day treatment for mental health and chemical dependency • Other diagnostic or treatment related outpatient services 	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU & Infertility) (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,700 / 3,400	\$1,700 / 3,400	\$2,400 / 4,800	\$3,600 / 7,200

Advantage Value Option

Administered by PEIP

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
A. Preventive Care Services <ul style="list-style-type: none"> • Routine medical exams, cancer screening • Child health preventive services, routine immunizations • Prenatal and postnatal care and exams • Adult immunizations • Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible * (single/family)	\$600 / 1,200	\$850 / 1,700	\$1,300 / 2,600	\$2,100 / 4,200
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> • Outpatient visits in a physician's office • Chiropractic services • Outpatient mental health and chemical dependency • Urgent Care clinic visits (in & out of network) 	\$35 copay per visit annual deductible applies	\$40 copay per visit annual deductible applies	\$100 copay per visit annual deductible applies	\$125 copay per visit annual deductible applies
D. Network Convenience Clinics & Online Care	Nothing	Nothing	Nothing	Nothing
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> • Emergency care received in a hospital emergency room 	\$225 copay Not subject to deductible	\$250 copay Not subject to deductible	\$225 copay Not subject to deductible	\$500 copay Not subject to deductible
F. Inpatient Hospital Copay	\$150 copay annual deductible applies	\$325 copay annual deductible applies	\$750 copay annual deductible applies	30% coinsurance annual deductible applies
G. Outpatient Surgery Copay	\$100 copay annual deductible applies	\$175 copay annual deductible applies	\$350 copay annual deductible applies	35% coinsurance annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics and Durable Medical Equipment	20% coinsurance	20% coinsurance	25% coinsurance	35% coinsurance annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
K. MRI/CT Scans	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: <ul style="list-style-type: none"> • Ambulance • Home Health Care • Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> • Radiation/chemotherapy • Dialysis • Day treatment for mental health and chemical dependency • Other diagnostic or treatment related outpatient services 	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	35% coinsurance annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU & Infertility) (single/family)	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$2,600 / 5,200	\$2,600 / 5,200	\$3,800 / 7,600	\$4,800 / 9,600

Advantage HSA Option

Administered by PEIP

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
A. Preventive Care Services <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible * Combined Medical/Pharmacy (single coverage) Combined Medical/Pharmacy (family coverage)	\$1,500 \$2,800 per family member \$3,000 per family	\$2,000 \$3,200 per family member \$4,000 per family	\$3,000 \$4,800 per family member \$6,000 per family	\$4,000 \$6,400 per family member \$8,000 per family
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Outpatient mental health and chemical dependency Urgent Care clinic visits (in & out of network) 	\$45 copay per visit annual deductible applies	\$55 copay per visit annual deductible applies	\$105 copay per visit annual deductible applies	\$130 copay per visit annual deductible applies
D. Network Convenience Clinics & Online Care	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies
E. Emergency Care (in or out of network) • Emergency care received in a hospital emergency room	\$250 copay annual deductible applies	\$300 copay annual deductible applies	\$350 copay annual deductible applies	\$600 copay annual deductible applies
F. Inpatient Hospital Copay	\$400 copay annual deductible applies	\$650 copay annual deductible applies	\$1,500 copay annual deductible applies	50% coinsurance annual deductible applies
G. Outpatient Surgery Copay	\$250 copay annual deductible applies	\$400 copay annual deductible applies	\$800 copay annual deductible applies	50% coinsurance annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible
I. Prosthetics and Durable Medical Equipment	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
K. MRI/CT Scans	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: <ul style="list-style-type: none"> Ambulance Home Health Care Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> Radiation/chemotherapy Dialysis Day treatment for mental health and chemical dependency Other diagnostic or treatment related outpatient services 	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies
N. Plan Maximum Out-of-Pocket Expense** (including prescription drugs)	\$3,000	\$3,000	\$4,000	\$5,000
Single Coverage	\$5,000 per family member	\$5,000 per family member	\$6,900 per family member	\$6,900 per family member
Family Coverage	\$6,000 per family	\$6,000 per family	\$8,000 per family	\$10,000 per family

Spending Accounts

Flexible Spending Account (FSA)

Administered by Benefit Extras

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$2,750
Dependent Care Spending Limit	\$5,000

Health Savings Account (HSA)

Administered by Benefit Extras

Employees may choose to make pre-tax contributions to an HSA in addition to the dollars contributed by the City - subject to IRS maximum contribution levels. Individual accounts are set up with Benefit Extras and the amount deposited will be deducted from the employee's paycheck and deposited into the account. When funds in the HSA are used for medical tax qualified expenses the funds are tax free. Each employee will receive a debit card to use for paying medical expenses or for reimbursing themselves from their account. Money in the HSA not used in any given year will roll over into the next year's balance or may be used for eligible expenses after termination from employment or retirement.

Whether or not the HSA is right for you will depend upon your family situation, financial circumstances, risk tolerance, and other factors. Some people will decide that the high deductible medical plan coupled with the HSA offers an ideal way to buy high quality coverage at a "reasonable" price.

HSA contributions are from pretax dollars. The City of Brooklyn Park contributes \$125/month to your HSA. For 2023, the maximum contributions into the HSA as established by the US department of Treasury are:

- \$3,850 single coverage
- \$7,750 family coverage (including single+spouse and single+children coverage).

Employees age 55 and older who are covered by the HSA high deductible health plan can make additional catch-up contributions of up to \$1,000 each year until they enroll in Medicare.

Health Reimbursement Account (HRA)

Administered by MidAmerica

A Health Reimbursement Account is a tax-free medical account established by your employer on your behalf to assist in paying eligible medical expenses. Contributions are made by the employer only. Money left at the end of the year will rollover to save for health care expenses in future years. Money can also be used to pay medical premiums (post employment - prior to age 65). The City of Brooklyn Park contributes \$125/month to your HRA.



Dental Benefits

Administered by Delta Dental of Minnesota

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 Brooklyn Park dental benefit plan.

Plan 1	Low Option		
Services	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000
Preventive Dental Services (exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers)	100%	80%	80%
Basic Dental Services (emergency treatment for relief of pain, amalgam restorations (silver fillings), composite resin restorations (white fillings) on anterior (front) teeth)	80% after deductible	60% after deductible	60% after deductible
Major Dental Services (crowns and crown repair, composite resin restorations (white fillings) on posterior (back) teeth)	50% after deductible	40% after deductible	40% after deductible
Orthodontia Services (covered from ages 8-18)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum

Plan 2	High Option		
Services	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Annual Deductible	\$0 per person; \$0 family limit	\$25 per person; \$75 family limit	\$25 per person; \$75 family limit
Annual Benefit Maximum	\$2,000	\$1,000	\$1,000
Preventive Dental Services (exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers)	100%	100%	100%
Basic Dental Services (emergency treatment for relief of pain, amalgam restorations (silver fillings), composite resin restorations (white fillings) on anterior (front) teeth)	100%	80% after deductible	80% after deductible
Major Dental Services (crowns and crown repair, composite resin restorations (white fillings) on posterior (back) teeth)	60%	50% after deductible	50% after deductible
Orthodontia Services (covered from ages 8-18)	50% to \$2,000 lifetime maximum	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum

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



Life and AD&D Insurance

Administered by Lincoln Financial Group

The City of Brooklyn Park provides basic life and accidental death and dismemberment (AD&D) insurance through Lincoln Financial Group at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	You: \$10,000 Your spouse: Option 1 - \$1,000, Option 2 - \$5,000, Option 3 - \$10,000 Your child(ren): Option 1 (1 day to 26 years) - \$1,000, Option 2 (1 day to 26 years) - \$5,000, Option 3 (1 day to 26 years) - \$10,000	Class 1—You: Increments of \$10,000 up to 5x Annual Earnings to max \$300,000 Class 2—You: Increments of \$10,000 up to the Approved Amount of Personal Life Insurance under the Prior Carrier's Plan as of December 31, 2018
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	You: \$10,000	Class 1—You: Increments of \$10,000 up to 5x Annual Earnings to max \$300,000 Class 2—You: Increments of \$10,000 up to the Approved Amount of Personal Life Insurance under the Prior Carrier's Plan as of December 31, 2018

Note:

Class 1 - All Full-Time Employees (40+ hours per week)

Class 2 - All Participants with approved Life Insurance Amounts under the Prior Carrier's Plan as of December 31, 2018

Keep Your Beneficiaries Up to Date

You must log on to www.lincolffinancial.com to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Disability Insurance

City of Brooklyn Park also provides short-term disability insurance through Colonial Life and long-term disability insurance through Lincoln Financial Group. 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
Voluntary Short-term Disability	You receive 60% of your income from \$400 to \$6,500 (offered in \$100 increments) per month. Benefits begin after 7/7 or 14/14 calendar days of absence from work for accident/sickness and continue for up to 3 months.	Employee
Long-term Disability	You receive 60% of your income up to \$4,000 per month. Benefits begin after 90 calendar days of absence from work and may continue until you reach the Social Security Normal Retirement Age or To age 65.	Paid through sick leave conversion

2023 Benefit Summary

Employee Contributions for Benefits

Benefit Plan	Monthly
Advantage High	
Employee Only	\$489.35
Family	\$1,386.00
Advantage Value	
Employee Only	\$379.17
Family	\$1,091.77
Advantage HSA	
Employee Only	\$161.61
Family	\$510.77

***Enrolled in another health insurance plan through a parent, spouse, or the military? Waive our plan and get \$300 per month, paid out \$150 on the first and second paychecks of the month.**

Benefit Plan	Monthly
Dental Low Option Rates	
Employee	\$28.00
Family	\$85.00
Dental High Option Rates	
Employee	\$43.00
Family	\$135.00

Voluntary Life and AD&D Rates	Monthly
Age	Employee
0 - 19	\$0.0000800
20 - 24	\$0.0000800
25 - 29	\$0.0000900
30 - 34	\$0.0001100
35 - 39	\$0.0001200
40 - 44	\$0.0001300
45 - 49	\$0.0002000
50 - 54	\$0.0003800
55 - 59	\$0.0006800
60 - 64	\$0.0008800
65 - 69	\$0.0013800
70 - 74	\$0.0024300
75 - 79	\$0.0024300
80+	\$0.0024300



Important Non-Insurance Benefits

Sick Leave

Got the flu, up all night with a sick child or got a broken tooth? We know people get sick. That's why we offer sick leave! You accrue sick leave with unlimited accumulation at a rate of 12 days per year. Once your sick leave bank reaches 720 hours, your bi-weekly accrual will split half into vacation. Woo hoo!

Time Off

When you work for the City you'll get lots of perks like paid time off - you can travel or just hang out with your family. See below for the general accrual schedule. Contract language will prevail if there is any discrepancy between the benefit guide and CBA.

Vacation	
Continuous Years of Service	Days per year
0-5 years	10 days per year
6-10 years	15 days per year
Over 10 years	+1 day per year, not to exceed 20 days
Vacation leave may be accrued to a maximum of 240 hours	

Holidays	
Holiday	Date of occurrence
New Year's Day	January 1
Martin Luther King Jr.'s Birthday	3rd Monday in January
President's Day	3rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	1st Monday in September
Veterans Day	November 11
Thanksgiving Day	4th Thursday in November
Day after Thanksgiving Day	4th Friday in November
Christmas Eve	December 24
Christmas Day	December 25
Floating Holiday	One day per calendar year with supervisory approval



Retirement

As a local government employee, you're automatically a member of the Public Employee Retirement Association (PERA) and you don't have to manage a thing. A pension is a retirement account that your employer maintains to give you a fixed payout when you retire. The employee contributes a percentage of total annual earnings to PERA and the city contributes a certain percentage too. You are vested in PERA after 60 months of public service if you started your government career after 2010.

Deferred Compensation and Roth Programs

The city provides pre-tax savings deferred compensation and post-tax savings Roth investment programs through payroll deduction for retirement. Participation is voluntary.

Two plans are currently available

- MissionSquare Retirement Corporation
- Minnesota Deferred Compensation Plan (MNDPCP)

Retiree Health Savings Plan

Some employees may be eligible to participate in a Retiree Health Savings Plan (RHSP) with the following employee contributions:

- Vacation accrued over two hundred forty (240) hours as of the last pay period of each calendar year, or at the time of separation from city employment
- Accumulated compensatory time as of the last pay period of each calendar year
- Severance pay (percentage of accumulated sick leave)
- Please review your union contract for specifics

2023 Benefit Summary

Important Non-Insurance Benefits

Future Savings

Not ready to retire yet? We've got a plan for everyone to save! Remember: putting a little aside for the long haul can yield big results for your savings!

College Savings Plan

Saving for your child's tuition? The City offers a 529 plan if you would like to save for your child's education. Deductions are made directly from your payroll paycheck.

Direct Deposit

Payroll checks are deposited directly to an account at the financial institution of the employee's choosing.

Credit Union

City employees and their families are eligible to join Wings Financial Credit Union and participate in any available programs and services.

Severance

Severance pay in the amount of 50% of accumulated sick leave, not to exceed a maximum of 45 days, will be paid to all employees leaving employment in good standing after one year of continuous service.

Family Help

New mom or dad? How about one of the state's top parental leave policies!

Parental Leave

The City provides eligible employees two weeks of paid parenting leave under the conditions adopted by City Council and outlined in the Parental Leave Policy in the Employee Handbook. There is also a privacy room for all new moms coming back to work.

Bereavement Leave

We're sorry if you ever lose someone close in your life we want to make it as easy as possible for you to deal with your loss. All employees are allowed to use sick leave to attend a funeral of any individual. You may also use up to 5 days of sick leave for an immediate family member, household member or co-worker.

Important Non-Insurance Benefits

Wellness Program

The City values our employees! We provide resources and incentives to our employees to help you stay fit and give you the encouragement to make good choices so you can lead an active lifestyle.

Staying in shape

Want to work out every day? We've got places for you to do that. How about a fitness room in most city facilities, access to bikes, and 150 miles of trails within walking distance from all city buildings.

Recognition

We're government, so no bonuses. Sorry! But the City has two yearly recognition events. One in the fall to celebrate employee accomplishments and milestones and one in the spring where supervisors make their employees breakfast. It's cool!

Free parking

You will never have to pay for parking to go to work. It's awesome. Park in the lot and you're in the building in a matter of seconds.

Business discounts

Business from around the state offer special discounts to public sector employees through Minnesota Employee Recreation and Services Council (MERSC), the local Chamber of Commerce or on their own. When you're an employee here you can get discounts on your personal cell phone bill, car washes and a variety of goods and services.

**We want you to enjoy working here.
We're a diverse group of people who think of ourselves as progressive government types.
The City of Brooklyn Park is an equal opportunity employer.**



2023 Benefit Summary

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	Phone	Website/Email
Medical	PEIP	952.746.3101	www.innovomn.com
Dental	Delta Dental of Minnesota	800.448.3815	www.DeltaDentalMN.org
Health Savings Account	Benefit Extras	952.435.6858	www.benefitextras.com
Flexible Spending Account	Benefit Extras	952.435.6858	www.benefitextras.com
Health Reimbursement Account	MidAmerica	855.329.0095	www.mymidamerica.com
Life and AD&D	Lincoln Financial Group	877.275.5462	www.lincolnfinancial.com
Voluntary Life and AD&D	Lincoln Financial Group	877.275.5462	www.lincolnfinancial.com
Voluntary Short Term Disability	Colonial Life	800.325.4368	www.coloniallife.com
Long Term Disability	Lincoln Financial Group	877.275.5462	www.lincolnfinancial.com
Human Resources	Kristin Martin	763.493.8160	Kristin.Martin@brooklynpark.org



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This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.