



**Brooklyn
Park** 
Unique.
United.
Undiscovered.

City of Brooklyn Park

2026

Benefit Summary
PEIP IAFF, Non Sworn,
Inspectors and Supervisors

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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 (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
- Voluntary Long Term Disability
- Group Accident Insurance
- Employee Assistance Program (EAP)



Eligibility

You and your dependents are eligible for the City of Brooklyn Park benefits on the first of the month following 30 days of employment.

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 two Plan choices:

- **Advantage (High)**
- **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 two different Health Plans/Networks to choose from:

- **HealthPartners**
- **Blue Cross Blue Shield**

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. 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 OBGYN, 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,) 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.

Minnesota Public Employees Insurance Program (PEIP) Advantage Health Plan High Option 2026 Benefits Schedule

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 Urgent Care clinic visits (in-service-area / in- or out-of-network) 	\$35 copay per visit annual deductible applies	\$40 copay per visit annual deductible applies	\$70 copay per visit annual deductible applies	\$90 copay per visit annual deductible applies
<ul style="list-style-type: none"> Outpatient office visits for mental health and substance use disorder 	\$0 copay per visit not subject to deductible	\$0 copay per visit not subject to deductible	\$40 copay per visit annual deductible applies	\$60 copay per visit annual deductible applies
D. Network Convenience Clinics & Online Care	Nothing	Nothing	Nothing	Nothing
E. Emergency Care (in service area / 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) Radiation/chemotherapy Dialysis Day treatment for mental health and 5 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 (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 Combined in- and out-of-area services	\$1,700 / 3,400 Combined in- and out-of-area services	\$2,400 / 4,800 Combined in- and out-of-area services	\$3,600 / 7,200 Combined in- and out-of-area services

Important note: this chart describes coverage within the PEIP Advantage Plan's service area. Covered out-of-area services have a different cost-sharing structure: claims will be processed at Cost Level 3 with the out-of-pocket maximums described in section O above, and with a separate out-of-area deductible (\$750 single/ \$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

Minnesota Public Employees Insurance Program (PEIP) Advantage Health Plan HSA-Compatible 2026 Benefits Schedule

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)	\$1,750	\$2,250	\$3,250	\$4,250
	\$3,500 per family member \$4,000 per family	\$3,750 per family member \$4,500 per family	\$5,250 per family member \$6,500 per family	\$6,750 per family member \$8,500 per family
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care	\$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
<ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Urgent Care clinic visits (in-service-area / in- or out-of-network) 				
<ul style="list-style-type: none"> Outpatient office visits for mental health and substance use disorder 	\$0 copay per visit annual deductible applies	\$0 copay per visit annual deductible applies	\$75 copay per visit annual deductible applies	\$100 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 service area / in or out of network)	\$250 copay annual deductible applies	\$300 copay annual deductible applies	\$350 copay annual deductible applies	\$600 copay annual deductible applies
<ul style="list-style-type: none"> Emergency care received in a hospital emergency room 				
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) Radiation/chemotherapy Dialysis Day treatment for mental health and 5 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 (excluding prescription drugs) (single/family)	\$3,250	\$3,250	\$4,250	\$5,250
	\$5,250 per family member \$6,500 per family	\$5,250 per family member \$6,500 per family	\$7,250 per family member \$8,500 per family	\$7,250 per family member \$10,500 per family

This chart applies only to in-service area coverage. Out-of-service area coverage is available outside the PEIP Advantage Plan's service area. Members pay a \$1,750 single or \$4,000 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section N above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

Emergency Care and Urgent Care received in-service area or out-of-service area or in or out-of-network claims will process based on C and E above. Deductible will be applied to in-service area benefit.

*The family Deductible is the maximum amount that a family must pay in deductible expenses in any one calendar year. The family Deductible is not the amount of expenses a family must incur before any family member can receive benefits. Individual family members only need to satisfy their individual deductible once to be eligible for benefits. Once the family Deductible has been met, deductible expenses for the family are waived for the balance of the year.

**The family Out-of-Pocket Maximum is the maximum amount that a family must pay in any one calendar year. The per-family member embedded Out-of-Pocket Maximum is the maximum amount that a family must pay in any one calendar year on behalf of any individual family member.

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. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) 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	\$3,400
Dependent Care Spending Limit	\$7,500

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 2026, the maximum contributions into the HSA as established by the US department of Treasury are:

- \$4,400 single coverage
- \$8,750 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	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Preventive Dental Services (exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers)	100%	80%	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	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	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	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	\$25 per person; \$75 family limit
Annual Benefit Maximum	\$2,000	\$1,000	\$1,000	\$1,000
Preventive Dental Services (exams, cleanings, x-rays, sealants, fluoride treatments, space maintainers)	100%	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	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	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	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 The Standard

The City of Brooklyn Park provides basic life and accidental death and dismemberment (AD&D) insurance through The Standard 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)	Voluntary Dependent Life Package (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	You: \$10,000	You: Increments of \$10,000 up to \$300,000 (benefits may not exceed 8 times annual earnings– basic and supplemental life)	Spouse: Your spouse the person to whom you are legally married— \$10,000 Child(ren): Your child live birth through age 25 \$10,000 (for each eligible child)
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	You: \$10,000	You: Increments of \$10,000 up to \$300,000 (benefits may not exceed 8 times annual earnings– basic and supplemental life)	N/A
Guarantee Issue (GI)	Covered level available when first eligible (31 days)	\$10,000	\$200,000	\$10,000

To apply for coverage over the guarantee issue or outside of your initial eligibility medical history statements will need to be completed. Visit this site to complete the process <https://myeoi.standard.com/762932>. Hardcopy Medical History Statements are also available, if preferred. [Please follow this link to access the hard copy](#) based on the state in which the member lives. Upon completion, applicants should email this form to MUSC@Standard.com, or mail the form to The Standard at the address located in the upper, left-hand corner on the form.

Keep Your Beneficiaries Up to Date

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

Disability Insurance

The City of Brooklyn Park also provides short-term disability insurance through Colonial Life and long-term disability insurance through The Standard. 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
Voluntary Long-term Disability	You receive 60% of your income up to \$8,500 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the Social Security Normal Retirement Age.	Employer pays based on sick leave conversion from employee

Group Accident Insurance

Administered by The Standard

Nobody plans to have an accident - and most people don't budget for one either. Accident insurance pays directly to employees for treatment they receive due to an accident. It helps cover employee's out-of-pocket costs like medical deductibles and co-pays.



Accident Insurance

	Group Accident - Enhanced Situs State: MN
1. Issue Ages	Employee: Actively at Work; Ages 18-99 Spouse: Ages 18-99 Child: Birth to Age 26
2. Participation Requirement	10 Lives
3. Guaranteed Issue	Yes
4. 24 Hour / Off Job	24 Hour
5. Hospital Admission	\$1,000
6. Hospital ICU Admission	\$750
7. Admission Benefit Payments	Admission and ICU Admission Benefits Can Be Paid Simultaneously
8. Hospital Confinement Per Day	\$200 (Up to 365 Days, Beginning Day 1)
9. Hospital ICU Confinement Per Day	\$200 (Up to 15 Days, Beginning Day 1)
10. Confinement Benefit Payments	Confinement and ICU Confinement Benefits Can Be Paid Simultaneously
11. Emergency Room	\$150
12. Non-Emergency Room Care	\$50 Physician Visit / \$50 Urgent Care
13. Ambulance Ground / Air	\$300 / \$800
14. Physical Therapy	\$50 (Up to 3 Visits)
15. Single Fractures / Dislocations	Up to \$8,000 / Up to \$5,000
16. Lacerations	Up to \$500
17. Employee Accidental Death, Dismemberment & Catastrophic Benefits	Up to \$50,000
18. Wellness	None
19. Portability	Active Employees Can Port Coverage Even if Group Master Policy Terminates, Not Portable if Group Master Policy is Replaced; Ported Policies Remain Active Until Policyholder Terminates Coverage or No Longer Pays Premiums
20. Miscellaneous	25% Youth Organized Sports Benefit; Line of Duty Benefit

Group Accident Insurance

Administered by The Standard

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Group Accident Insurance

Administered by The Standard

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$150
X-ray	\$50
Concussion	\$150
Leg Fracture (Surgical)	\$2,400
Knee Cartilage Repair	\$750
Hospital Admission	\$1,000
2 Days Hospital Confinement	\$400
Medical Appliance	\$100
Physician Follow-Up Appointment	\$50
2 Physical Therapy Appointments	\$100
TOTAL	\$5,150

Here's what it would cost you:

Coverage for...	Semimonthly Premium
You	\$3.62
You and your spouse	\$5.61
You and your children	\$6.91
You, your spouse and your children	\$10.80

Employee Assistance Program (EAP)

Always there for you partner when you need it

When you need every day support, your HealthPartners Employee Assistance Program (EAP) is your free and confidential partner to help with whatever life throws your way, 24/7. Think of your EAP as that life coach you always wanted and never knew you had until now.

Conveniently connect in person or virtually

We meet you where you are, whether that be in person or virtually, to help you get on track to better health.

Your EAP includes support for you and your entire household:

- Face-to-face counseling sessions
- Telephonic and virtual counseling sessions
- Mindfulness-based stress reduction
- Life coaching
- Self-directed virtual therapy
- Online resources: articles, tip sheets, webinars, self-assessment tools and more

Don't hesitate any longer: Reach out Today

It's easy to put off self-care. But remember, the longer you do, the more the stressors in your life will negatively affect your overall health and well-being. You have a team at your fingertips to support you. You just have to take that first step. What are you waiting for? Reach out to your EAP — your always-there-for-you-partner — today.

Call: **1-866-326-7194**

Log on: hpeap.com using the password: **brooklynpark**

Use the app to text or video chat with HealthPartners: Download the iConnectYou mobile app and register using passcode: **239891**



2026 Benefit Summary

Employee Contributions for Benefits

Benefit Plan	Monthly
Advantage High	
Employee Only	\$788.33
Family	\$2,375.37
Advantage HSA	
Employee Only	\$163.34
Family	\$594.74

***Already covered by another qualified health plan? You may be eligible for a \$300 taxable monthly stipend.**

Benefit Plan	Monthly
Dental Low Option Rates	
Employee	\$31.00
Employee + Spouse	\$47.00
Employee + Child(ren)	\$85.00
Family	\$102.00
Dental High Option Rates	
Employee	\$39.00
Employee + Spouse	\$69.00
Employee + Child(ren)	\$109.00
Family	\$139.00

Voluntary Life and AD&D Rates	Monthly
Age	Employee
0 - 24	\$0.08
25 - 29	\$0.09
30 - 34	\$0.11
35 - 39	\$0.12
40 - 44	\$0.13
45 - 49	\$0.20
50 - 54	\$0.38
55 - 59	\$0.68
60 - 64	\$0.88
65 - 69	\$1.38
70 - 99	\$2.43

Benefit Plan	Monthly
Group Accident Insurance Rates	
Employee	\$7.24
Employee + Spouse	\$11.22
Employee + Child(ren)	\$13.82
Family	\$21.59



Important Non-Insurance Benefits

Sick Leave

In addition to five sick leave days deposited upon hire, employees accrue sick leave every payroll of up to 12 days per year. Once your sick leave bank reaches 720 hours, your bi-weekly accrual will split half into vacation.

Time Off

Employees earn vacation each payroll. 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	Thursday, January 1, 2026
Martin Luther King Jr. Birthday	Monday, January 19
President's Day	Monday, February 16
Memorial Day	Monday, May 25
Juneteenth	Friday, June 19
Independence Day	Saturday, July 4
Labor Day	Monday, September 7
Veterans Day	Wednesday, November 11
Thanksgiving Day	Thursday, November 26
Friday After Thanksgiving	Friday, November 27
Christmas Eve	Thursday, December 24
Christmas Day	Friday, December 25
Floating Holiday	Any day in the year with prior approval

Retirement

As a local government employee, you're automatically a member of the Public Employee's Retirement Association (PERA). PERA is a tax-qualified plan that both you and the City contribute to. There are two plans: Coordinated and Police and Fire. Visit mnpera.org for more information.

Deferred Compensation and Roth Programs

The City provides pre-tax savings deferred compensation and post-tax savings RTwo plans are currently available

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

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 union contract

Important Non-Insurance Benefits

Family Help

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

liveWELL Wellness Program

A voluntary program offered to all City employees. This program encourages employees to strengthen their health and wellbeing through educational opportunities, wellness activities and self improvement.

Staying in shape

Fitness facilities are available in most city facilities. Access to bikes, and 150 miles of trails within walking distance from all city buildings.

Wellness Incentive

Employees have the ability to complete activities during the year that earn points. Points are converted into an incentive at the end of the year. There are around 50 activities to choose from that focus on 6 dimensions of wellness, including social, financial, physical and mental health.

Recognition

The City has two yearly recognition events. One in the fall to celebrate employee accomplishments and milestones and one in the spring where employees receive a state of the City address from department directors.

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.
And oh yeah, The City of Brooklyn Park is an equal opportunity employer.**



2026 Benefit Summary

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your 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	The Standard	800.628.8622	www.standard.com
Voluntary Life and AD&D	The Standard	800.628.8622	www.standard.com
Voluntary Short Term Disability	Colonial Life	800.325.4368	www.coloniallife.com
Voluntary Long Term Disability	The Standard	800.628.8622	www.standard.com
Group Accident Insurance	The Standard	800.628.8622	www.standard.com
Employee Assistance Program (EAP)	HealthPartners	866.326.7194	www.hpeap.com
HR Specialist	Lisa McLearen	763.493.8302	Lisa.McLearen@BrooklynPark.org



2026 Benefit Summary

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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.