

Ramsey County

Cafeteria Plan Reference Guide

*Health Care Reimbursement Program
Dependent Care Reimbursement Program
Pre-Tax Premium Program*

2012

Please keep this Guide for future reference.
November 2011

RAMSEY COUNTY CAFETERIA PLAN

TABLE OF CONTENTS

PLAN DESCRIPTIONS.....	2
ENROLLMENT	4
SETTING YOUR DEPOSIT RATE	5
TERMINATION OR CHANGES	6
QUALIFYING CHANGE IN STATUS REGULATIONS	8
ELIGIBLE EXPENSES.....	9
OTC DRUG REIMBURSEMENT REGULATIONS	10
EFFECT ON SALARY, TAX AND OTHER BENEFITS.....	10
EXAMPLES OF TAX SAVINGS USING A PRE-TAX ACCOUNT	12
HCRP PERSONAL WORKSHEET	13
EXAMPLES OF HCRP REIMBURSABLE EXPENSES	14
LIST OF DEPARTMENT BENEFIT REPRESENTATIVES	15

Ramsey County employees also have the option to participate in the Transportation Expense Account (TEA). This plan provides employees with the opportunity to pay for qualified transportation expenses with money that is sheltered from taxes. The TEA is not part of the Cafeteria Plan and different IRS rules apply. For more information on your pre-tax transportation options, contact your Department Benefits Representative, or you may obtain a copy of the Summary Plan Description and enrollment forms on RamseyNet.

Prepared by Human Resources Department
November 2011

This document describes the Plan in an easy-to-read manner. Although it is our intent to have this document accurately reflect the legal documents which constitute the Plan, if there is any conflict or inconsistency between the Cafeteria Plan Reference guide and the plan documents, the plan documents will govern.

CAFETERIA PLAN DESCRIPTIONS

The Ramsey County Cafeteria Plan offers three programs that allow you to pay for medical and/or dental premiums, eligible health expenses and dependent care expenses with dollars deducted from your salary before taxes are taken out (pre-tax dollars). These are:

1. Pre-Tax Premium Program (PTPP)

The Pre-Tax Premium Program allows you to use pre-tax dollars to pay your portion of your medical and/or dental insurance premiums for the County-sponsored insurance programs. When you enroll in the County-sponsored employee medical or dental plans, you elect whether or not you wish to have the premiums deducted from your pay on a pre-tax basis. If you elect the pre-tax option, you are participating in the PTPP. Under this plan, there is no reimbursement -- the premium is taken out of your paycheck on a pre-tax basis.

If you are participating in the PTPP program, you cannot make a change in your medical and/or dental insurance coverage during a plan year unless the change is on account of and consistent with a qualifying change in status. To be eligible to make a change, you must notify your Department Benefit Representative within 31 days of the qualifying change in status event. (See Page 8.)

2. Health Care Reimbursement Program

HCRP allows you to use pre-tax dollars to pay eligible health expenses (for medical, dental, vision, etc.) which are not covered by insurance. Permanent, provisional, probationary or unclassified employees working at least 40 hours or more per pay period on a regular basis **and who have worked for the County for at least six months** are eligible to participate. Intermittent, temporary, or contract workers are not eligible to participate.

You elect the total amount you would like to have deducted from your paycheck during the year. The money is deducted from your pay on a pre-tax basis. When you have incurred eligible expenses, you may submit a claim to Ramsey County's claims administrator for reimbursement. You may fill out a claim form, attach the required documentation for the expenses, and send it to the claims administrator. You can be reimbursed for eligible expenses through direct deposit, or a paper check can be mailed to your home address.

New in 2012: Everyone who enrolls in the Health Care Reimbursement Program will be issued a TASC Card. This is a debit card that can be used to pay for eligible health care expenses at merchants with an Inventory Information Approval System (IIAS) in place to identify eligible purchases. When you use the card to pay for eligible expenses at a participating provider, the items are verified at the point of sale and you would not have to submit a claim for reimbursement – the expense would be automatically paid and then deducted from your annual election. If you pay for eligible expenses at a non-participating provider, or choose not to use your TASC card, you would still submit your claim for reimbursement online, by fax, or by mail, as you currently do.

CAFETERIA PLAN DESCRIPTIONS (Continued)

Claims submitted for eligible expenses will be paid if the total amount you claim does not exceed the total annual deposit amount you designated, even if the amount has not yet been credited to your account. Expenses must have been incurred during the plan year while you are an eligible participant. Claims for expenses incurred during the plan year must be submitted no later than March 31st of the following year. *After your final reimbursement, any amounts remaining in the account will be forfeited due to the IRS "Use It or Lose It" provision.*

3. Dependent Care Reimbursement Program (DCRP)

DCRP allows you to use pre-tax dollars to pay for the dependent care expenses that you incur in order to allow you to work.

Permanent, provisional, probationary or unclassified employees working at least 40 hours per pay period on a regular basis are eligible to participate in DCRP. Intermittent, temporary, or contract workers are not eligible to participate. If you are married, your spouse must be employed, be a full time student, or be incapacitated to be eligible for the DCRP.

You elect the total amount you would like to have deducted from your paycheck during the year. The money is deducted from your pay on a pre-tax basis. When you have incurred eligible expenses, you may submit a claim to Ramsey County's claims administrator for reimbursement. Fill out a claim form, attach the required documentation for the expenses, and send it to the claims administrator. A check for your eligible expenses will be sent to your home address, or you can choose direct deposit.

If the funds available in your DCRP account are insufficient to cover your submitted claim, the claim will be placed in a pending file and reprocessed when sufficient funds are available. You will not need to resubmit the claim. Claims for reimbursement must be submitted no later than March 31st of the following year. Expenses must have been incurred during the plan year while you are an eligible participant (there is an exception to this rule if you terminate employment – see page 7).

After your final reimbursement, any amounts remaining in the account will be forfeited due to the IRS "Use It or Lose It" provision.

The Cafeteria Plan is administered pursuant to the provisions of Title 26, Section 125 of the Internal Revenue Code and associated federal regulations. Amounts you designate as salary reductions under all three programs reduce your taxable salary. Your federal, state and Social Security taxes will decrease when you use pre-tax dollars to pay for these expenses. As a result, you may experience a slight reduction in the Social Security benefits you receive when you are eligible to receive them.

ENROLLMENT

1. Annual Open Enrollment

Enrollment in all three programs must be completed prior to the year in which you participate.

PTPP

If you elect to use the annual Open Enrollment period to begin participating in the PTPP for the first time, select the “before tax” option when you enroll in medical and/or dental coverage.

If you are already participating in the PTPP, your participation will automatically renew at Open Enrollment unless you submit your enrollment elections indicating that you are changing to the “after-tax” option or are waiving coverage.

HCRP & DCRP

You must enroll in HCRP and DCRP each year in which you wish to participate in the plan. Your participation does not automatically renew at Open Enrollment.

2. Enrollment as a New Employee (or current employee upon becoming eligible for County insurance)

PTPP

You must complete an insurance enrollment form within the first 31 days of employment (or within the first 31 days of becoming eligible for insurance), designating whether you choose to participate or not participate in the PTPP and indicating when your coverage will begin.

DCRP

Enrollment in the DCRP must be completed within the first 31 days of employment or eligibility to participate in the plan. Deductions will begin your next paycheck. Your effective date of coverage will be your date of enrollment.

HCRP

Enrollment in the HCRP must be completed **prior to completion of your sixth month of employment** and deductions will begin your first paycheck following the end of your sixth month of employment, or the first pay period following receipt of the enrollment form, whichever is later. Your effective date for incurring expenses will be your 6-month anniversary. Current employees becoming eligible for County insurance must enroll within 31 days of becoming eligible.

2. Enrollment Following Qualifying Change in Status

You may be able to enroll in the Cafeteria Plan during the Plan Year if you have a qualifying change in status that impacts eligibility for the program, and the enrollment is on account of and consistent with the change. Qualifying changes in status are listed on page 8. A request to enroll must be completed within 31 days of the qualifying change.

SETTING YOUR DEPOSIT RATE

You must set your deposit rate for the Plan Year at the time you enroll for a program. Thereafter, you may neither change nor revoke this election unless you have a qualifying change in your status, as described on page 8. (Please check with your Department Benefit Representative to verify your eligibility to make a change.)

Estimate HCRP and DCRP carefully! The Internal Revenue Service has ruled that money left in accounts at the end of the Plan Year cannot be carried over or returned to you. It must be used, or it is forfeited. This is referred to as the "Use-it or Lose-it" provision.

	<u>HCRP</u>	<u>DCRP</u>
How Much Is Deposited In My Account?	Your bi-weekly deposit rate is your estimate of the eligible annual health care expenses you will incur during the Plan Year, divided by 26 pay periods (or less if enrolling mid-year). The worksheet on Page 13 will help you estimate your anticipated eligible health care expenses.	Your bi-weekly deposit rate is your estimate of your dependent care expenses for the upcoming Plan Year, divided by 26 pay periods (or less if enrolling mid-year). The amount you are able to exclude from your salary for tax purposes may be less than the maximum, depending on your income and circumstances.**
Annual Minimum	\$52.00	\$26.00
Annual Maximum	\$3,600 *	\$5,000 per household *

* If you enroll during the Plan Year, you may set aside the annual maximum, which will be divided by the number of paydays remaining in the year.

** The maximum reimbursement may not exceed the lesser of your earned income or your spouse's earned income. (Earned income means adjusted gross income. If your spouse does not have earned income but is either a full-time student or is not able to care for himself or herself, the spouse will be deemed to have earned income for each month he or she is a full-time student or incapacitated. The amount of deemed earned income is \$250 per month if there is one qualifying individual, or \$500 per month if there are two or more. See IRS Publication 503 for more detail.)

If you are using a combination of the Child Care Tax Credit and the DCRP, remember that the DCRP directly offsets amounts you may claim through the Child Care Tax Credits.

TERMINATION OR CHANGES

If you enroll in the Cafeteria Plan, you may be eligible to change or terminate the agreement(s) during the Plan Year if you have a qualifying change in status and you make the change within 31 days of the change in status event as described on page 8. Generally, the change in status impacts eligibility for the program and the election change or termination must be on account of and consistent with the change in status. Please check with your Department Benefit Representative (listed on page 15) to verify your eligibility to make a change.

If you **terminate** from HCRP, you may only submit claims for expenses incurred **prior** to your termination date. This does not apply to DCRP (See next page.)

If you **change** the amount of your HCRP or DCRP annual election during the Plan Year as a result of a qualifying change in status, your claims will be processed based on the election in effect on the date the claim was incurred. For example, if you change your annual election from \$250 to \$900 on June 1st, claims for costs incurred prior to June 1st will only be honored up to \$250. Claims for costs incurred on or after June 1st will be honored up to \$900. Your total reimbursement for the year cannot exceed \$900. **The effective date for a change in annual election is the date you make the change (sign the form), not the date of the qualifying event.**

To terminate enrollment in the PTPP due to a qualifying event or at open enrollment, you must submit an insurance enrollment form indicating you are waiving coverage or switching to the “after-tax” option.

Leave of Absence

PTPP

An employee who begins an unpaid leave of absence will have the salary reduction agreement automatically reduced to zero.

Upon return from an unpaid leave of absence, you will automatically be re-enrolled in PTPP. Contact your Department Benefits Representative within 31 days of your return if you wish to terminate your participation in PTPP.

HCRP

You may change your annual election to the amount already contributed, or continue on a post-tax basis when going on an unpaid leave of absence. If you have already been reimbursed more than the amount contributed, your annual election will be reduced to the amount already reimbursed.

To restart your deductions upon your return from leave, or to change your annual election amount, you must notify the Human Resources Department within 31 days of your return.

You should contact HR at 266-2734 to discuss your options both when going on and returning from an unpaid leave of absence.

DCRP

Your participation in the Plan will stop when you go on an unpaid leave of absence.

You may change your annual election when returning from a leave of absence. To restart your deductions upon your return from leave, or change your annual election amount, you must notify the Human Resources Department at 266-2734 within 31 days of your return.

Child care expenses incurred while not gainfully employed are not eligible for reimbursement. However, if you are disabled, a full-time student, or on active military duty, you may continue to submit claims for expenses incurred.

Termination of Employment

PTPP

This option is only available to active employees and terminates at the end of the month your employment with Ramsey County ends.

HCRP

If you terminate employment with Ramsey County, federal law (COBRA) permits you to continue your participation in HCRP for the remainder of the year on a post-tax basis. You may also choose to have the remainder of your annual election deducted from your last paycheck in order to receive the pre-tax benefit. Either of these options will permit you to incur eligible expenses and be reimbursed for the remainder of the Plan Year.

If you choose not to continue your participation, your contributions will stop with your last paycheck. **You may only submit claims for eligible expenses incurred prior to your termination date.**

If you are re-employed by Ramsey County within 30 days and in the same plan year, you will be required to resume participation in the plan and prior elections will be reinstated.

DCRP

If you terminate employment with Ramsey County, you may not continue your participation in DCRP. However, dependent care expenses incurred while you and your spouse are working will continue to be reimbursed up to your account balance, for the remainder of the Plan Year.

WARNING: IRS regulations prohibit you from changing or terminating your Cafeteria Plan participation during the Plan Year unless you have a qualifying change in status as described on page 8. The change you make must be on account of and consistent with the change in status and it must be made within 31 days of the change in status event. Generally, the event must impact eligibility for the program. **This regulation applies to all three plans: PTPP, HCRP, and DCRP.**

As this regulation applies to PTPP, this means that if you are participating in the PTPP, **you cannot change your medical and/or dental insurance coverages during a plan year** unless the change is on account of and consistent with a qualifying change in status. In addition, you are required to make the change within 31 days of the change in status event as described on page 8.

Note that you must also be eligible to change your Medical and/or Dental insurance coverages pursuant to the policies, rules and regulations of Ramsey County and/or the insurance carriers. If you have questions or concerns, please contact your Department Benefit Representative (listed on page 15).

QUALIFYING CHANGE IN STATUS REGULATIONS

The following events may justify a mid-year change in election provided the change is on account of and consistent with the event. Generally the event must impact eligibility for the program.

Please contact your Department Benefit Representative (listed on page 15) to verify your eligibility to make a change. The change must be made within 31 days of the qualifying change in status event.

<p>HCRP, DCRP, PTPP</p> <ul style="list-style-type: none"> • Marriage of employee • Birth/Adoption • Death of your spouse or dependent • Divorce of employee • Termination or commencement of spouse's employment • Change of your or your spouse's employment from full-time to part-time or part-time to full-time • You or your spouse going on an unpaid leave of absence • You or your spouse returning to work from an unpaid leave of absence • Significant change in your or your spouse's health coverage attributable to the spouse's employment. • Dependent no longer qualifying as a dependent due to age. • Court order requiring you to assume liability for medical and/or day care expenses of a dependent child. 	<p><i>Other changes in status <u>may</u> be considered as qualifying events depending on individual circumstances.</i></p> <p><i>Note: An unexpected change in medical expenses is <u>not</u> a qualifying change in status.</i></p> <p>The following events are considered qualifying changes for DCRP only:</p> <ul style="list-style-type: none"> • Change in residence (employee, spouse or dependent) • Significant cost change in day care provider. • Significant change in your or your spouse's work schedule resulting in changed dependent care needs
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ELIGIBLE EXPENSES

DCRP - Work-related household and dependent care expenses, necessary for gainful employment.

Two types of expenses qualify for reimbursement under the DCRP:

1. Expenses for direct care of a dependent, and
2. Expenses for incidental household services performed at least partially for the benefit of the dependent.

To be eligible, you must maintain a household, which means furnishing over half the cost of maintenance for a qualifying individual as defined by IRS regulations. A qualifying individual is a child who is under age 13 and for whom the employee can claim a dependency tax deduction, or a spouse or dependent that is incapable of self-care. To qualify, the individual must live in your home. Qualification status is prorated when a dependent is eligible for less than a full year.

The eligible expenses of the DCRP are identical to those used to figure the Child Care Tax Credit described in the Internal Revenue Code, Section 44A. The Child Care Tax Credit is discussed on Page 11.

Expenses must have been incurred in the Plan Year during the time within the year that your DCRP participation was in effect (see exception for termination of employment on pages 6 and 7). An expense is incurred when the service (dependent care or household service) is provided. Incurred does not mean billed or paid. You cannot use your DCRP for one year to pay for expenses incurred in another year, regardless of when you are charged for them or pay for them. You cannot carry over unreimbursed expenses into the next Plan Year.

Dependent care can be provided by private individuals, including relatives, in or out of your home. However, costs do not qualify for reimbursement when care is provided by someone the employee or spouse can claim as a dependent, or by the employee's child who is under age 19 at the end of the tax year.

If services were provided outside the household and the qualifying individual is someone other than a dependent child under age 13, the dependent must spend at least 8 hours per day in the household. If services were provided outside the household at a dependent care center which provides care for more than six individuals for a fee, the facility must be licensed. Once a child enters kindergarten, education expenses paid for him or her do not qualify, but the cost of before or after school care can qualify.

HCRP - Health care expenses which are not covered by insurance.

This would include medical, dental and vision expenses incurred by you and/or your eligible dependents during the Plan Year while you are a plan participant. You may submit claims for eligible children through the end of the year in which they turn 26 years of age. Eligible expenses include such things as deductibles, co-insurance, eyeglasses, and orthodontia. Eligible expenses do not include the payment of insurance premiums. Other examples of allowed and disallowed expenses can be found on page 14.

Some expenses are *potentially* eligible, but require a Letter of Medical Necessity from your health care provider.

REMINDER: CHANGE IN REIMBURSEMENT REQUIREMENTS FOR OTC DRUGS AND MEDICATIONS EFFECTIVE JANUARY 1, 2011

Beginning January 1, 2011, legislative changes took effect that have an impact on the reimbursement of over-the-counter (OTC) drugs and medications from the HCRP. Only OTC drugs and medications that are prescribed may be reimbursed under these new rules. (The required documentation for a prescribed over-the-counter drug or medicine is a prescription or a copy of the prescription or other documentation that a prescription has been issued.) A copy of the prescription must be submitted with the claim for reimbursement.

This change impacts only OTC drugs and medicines. Other OTC medical products, such as band aids, braces and supports, contact lens solution and supplies, and diabetic supplies remain reimbursable without the additional documentation requirement.

To be eligible for reimbursement from your HCRP for a given Plan Year, an expense must be incurred in the same Plan Year during the time within the year that your HCRP participation is in effect. *An expense is incurred when you are provided with the health care treatment or services giving rise to the expense. Incurred does not mean billed or paid. For example, if you bought eyeglasses in December 2011, but didn't receive a bill for them until January 2012, and paid for them in 2012, the glasses expense was incurred in 2011. You cannot use your HCRP from one year to pay for expenses incurred in another year, regardless of when you are charged for them, or pay for them. (See exception for orthodontics expenses on page 14). You cannot carry over unreimbursed expenses into the next Plan Year.*

EFFECT ON SALARY, TAX AND OTHER BENEFITS

PAYCHECK DEDUCTIONS

On each of your bi-weekly paychecks, the pay check advice will provide you with cafeteria plan participation information for both the current period and year-to-date. It will show amounts reduced from your salary for the PTPP, HCRP and the DCRP.

PTPP – Pre-Tax Premium Program

Deductions for single medical and single or family dental insurance premiums are taken on the second payday of each month. The deduction for family medical insurance premiums is split into two equal parts and taken on the first and second paydays of each month.

If the amount of the insurance premium changes during the year, the amount going through the PTPP will automatically change accordingly, subject to certain limitations as stated in IRS regulations. Also, if your insurance contribution changes because of a change in the number of hours you regularly work, your salary reduction will automatically be changed accordingly. (If your hours of employment fall below half time, and you become ineligible to continue in the County's insurance program, you may be eligible to continue insurance coverage under federal law (COBRA), with the full premium passing through PTPP. Please call Diane Leyde at 266-2734 with any questions.)

HCRP and DCRP

Your annual election will be divided by 26 (or the number of paydays left in the year for mid-year enrollment) and will be deducted from each check.

EFFECT ON SALARY, TAX AND OTHER BENEFITS (Continued)

EFFECT ON OTHER BENEFITS

If you make deposits to any of the three programs in the Cafeteria Plan, your actual County gross salary remains the same, but your taxable salary is lower. Contributions to these accounts reduce your Social Security (FICA) taxable wage. As a result, contributions to the Social Security fund are based on a lower FICA wage base and may affect future benefits.

Participation in this program does not affect employee or employer PERA contributions, as PERA contributions are calculated using an employee's full, unreduced salary. Consequently, there is no impact on PERA benefits you receive when you retire.

INCOME TAX IMPLICATIONS OF THE CAFETERIA PLAN

PTPP & HCRP:

If you use the PTPP, you cannot claim your medical and/or dental insurance premiums on your income tax return as itemized deductions. These premiums cannot be claimed as itemized deductions because the amounts were not included in your gross income.

For the same reason, medical and dental expenses reimbursed through HCRP cannot be claimed as itemized deductions. Also, any expense claimed under HCRP cannot be claimed under another pre-tax reimbursement account.

An example of the tax advantages of HCRP is on page 12.

DCRP:

Federal and state laws allow income tax credits for dependent care. **You must determine what combination of DCRP and tax credits is most beneficial for you.** Check with your tax preparer for assistance and information on the current tax rules.

The federal and state Child Care Tax Credits are based on a percentage of your expenses determined by your income. As your income goes up, the tax credit percentage goes down.

Check with the IRS and the Minnesota Department of Revenue for details on the tax credits.

EXAMPLE OF TAX SAVINGS USING A PRE-TAX ACCOUNT

The example below shows how participation in the HCRP can provide tax savings.

Example: Married, claiming 3 withholding allowances, \$1,500 in annual Orthodontia expenses.

	<u>Without HCRP</u>	<u>With HCRP</u>	<u>Difference</u>
Annual Gross Income	\$48,000.00	\$48,000.00	
Less: PERA	2,448.00	2,448.00	
Less: Orthodontia expense			
through HCRP	<u>0.00</u>	<u>1,500.00</u>	<u>-1,500.00</u>
Adjusted Income	\$45,552.00	\$44,052.00	
Less: FICA	3,672.00*	3,557.00**	115.00
Less: Federal Tax	4,076.00	3,851.00	225.00
Less: State Tax	2,196.00	2,090.00	106.00
Orthodontia Expense	<u>1,500.00</u>	<u>0.00</u>	<u>1,500.00</u>
Net Available Income	\$34,108.00	\$34,554.00	\$446.00

*\$48,000 x 7.65%

**(\$48,000 - \$1,500) x 7.65%

Your remaining disposable income with **HCRP** is \$34,554.00 compared to \$34,108.00 without HCRP.

You save \$446.00 in taxes per year.

HCRP PERSONAL WORKSHEET

This worksheet may be used to help you estimate your anticipated eligible health expenses for next year. **REMEMBER TO ESTIMATE YOUR EXPENSES CAREFULLY.** Health expenses include, but are not limited to, the following types of health care expenses incurred by you and/or your eligible dependents:

	<u>This Year's Expenses</u>	<u>Next Year's Projected Expenses</u>
<u>Medical care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payments (your share of covered medical expenses)	\$ _____	\$ _____
Prescription drug costs (including OTC drugs with a prescription)	\$ _____	\$ _____
Over-the-counter medical expenses (See page 10 for Information on restrictions effective 1-1-2011)	\$ _____	\$ _____
Immunizations	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Charges in excess of usual & customary fees	\$ _____	\$ _____
Other	\$ _____	\$ _____
<u>Dental care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payments (your share of covered dental expenses)	\$ _____	\$ _____
Orthodontic services	\$ _____	\$ _____
Charges in excess of usual & customary fees	\$ _____	\$ _____
Other	\$ _____	\$ _____
<u>Vision care expenses (not covered by insurance)</u>		
Deductibles	\$ _____	\$ _____
Co-payment (your share of covered vision expenses)	\$ _____	\$ _____
Eye exams	\$ _____	\$ _____
Contact Lens fitting fee	\$ _____	\$ _____
Eye glasses and/or contact lenses	\$ _____	\$ _____
Contact Lens solutions	\$ _____	\$ _____
Laser eye surgery	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

EXAMPLES OF HCRP REIMBURSABLE EXPENSES

Out-of-Pocket Medical Expenses:	Deductibles, co-insurance, office co-pays, flu shots, doctor's services, hospital services, laboratory fees, x-ray fees, surgery, ambulance fees, etc. not paid by insurance.
Prescription Drug Expenses:	Co-pays and medicines prescribed by a doctor but not covered by the health plan, including over-the-counter drug prescribed by a doctor, including OTC drugs accompanied by a prescription.
Over-the-Counter Medical Supplies:	Expenses incurred for the diagnosis, care, mitigation, treatment or prevention of disease, such as first aid supplies, braces and supports, reading glasses, and diabetic supplies.
Medical Equipment Expenses:	Crutches (purchase or rental), hearing aids, oxygen, wheelchair, etc.
Transportation Expenses:	Amounts primarily for and essential to medical care (23.5¢/mile effective 7/1/11.)
Out-of-Pocket Dental Expenses:	Deductible, co-insurance, etc.
Out-of-Pocket Vision Expenses:	Eye exams, contact lens fitting fees, prescription eyeglasses, contact lenses, contact lens solutions, reading glasses, etc.
Out-of-Pocket Orthodontic Expenses:	Co-insurance or payment for Placement of Braces or Monthly payments under a contract (copy of contract required by the plan administrator) only to the extent they are for treatment or services actually received for examining and adjusting braces over the course of orthodontic treatment during the Plan Year. Exception: Expenses may be treated as incurred for orthodontia services before the services are provided if the orthodontist (following his or her normal practice) requires advance payments to receive the services (e.g., requires a lump sum for services to be provided that year and the next). Note: Please call Diane Leyde, Ramsey County Human Resources, at 266-2734 for additional information.
Smoking Cessation:	Smoking cessation programs and prescription drugs, including OTC drugs with a prescription.
Weight Loss Programs:	Weight-loss programs if prescribed by physician as medically necessary to prevent or alleviate a specific medical condition (e.g. hypertension or diabetes.)

EXAMPLES OF DISALLOWED EXPENSES

Teeth bleaching
Cosmetic surgery (unless medically necessary)
Diaper service
Health Club dues for general health and fitness
Insurance premiums
Pre-payment for service or treatment not yet received
Over-the-counter medications without a prescription

Appendix A – Department Benefits Representatives

Department Fax #	Address	Name	Phone #	
Attorney	315 RCGC-West	Stephanie Plote	266-3145	266-3010
Attorney-Child Support & Collections	4500 Metro Square Building	Mary O'Malley	266-3024	266-3032
Board of Commissioners	220 Courthouse	Jim Grieman	266-2930	266-2934
Budgeting & Accounting	Central Payroll 2100 Metro Square Building	Nick Ganas	266-1060	266-1078
City Hall/Courthouse	120 Courthouse	Red Garfield	266-8400	266-8480
Community Corrections	650RCGC-W	Kathy Graven	266-2392	266-2293
Community Human Services	9800 RCGC-East	Yvonne Schneider Drong Yang	266-4064 266-4065	266-4439
County Manager	250 Courthouse	Jim Grieman	266-2930	266-2934
Courts	1700 Courthouse	Linda White Jenine DeGraw	266-8267 266-9266	266-8278
Emergency Communications	388 13 th Street, St. Paul	Tania Mulvaney	266-7714	266-7711
Human Resources	2100 Metro Square Building	Diane Leyde	266-2734	266-2934
Information Services	2301 Metro Square Building	Sandy Vilendrer	266-3433	266-3442
Lake Owasso Residence	210 N. Owasso Blvd.	Julie Anderson	765-7708	765-7722
Law Library	1815 Courthouse	Sara Galligan Diane Leyde	266-8391 266-2734	266-2934
Library	4570 N. Victoria St.	Lee Ann Lause	486-2205	486-2220
Medical Examiner	300 University Ave. E.	Sue Swanson	224-7627	266-1720
Parks & Recreation	2015 N. Van Dyke St.	Becky Hagle	748-2500 Ext. 323	748-2505
Property Management - East	4690 RCGC-East	Lynda Clausen	266-4483	266-3720
Property Management - West	660 RCGC-West	Shelly Frahm	266-2253	266-2204
Property Records & Revenue	90 W. Plato Blvd.	Chris Kuefler	266-2195	266-2199
Public Defender	101 E. 5 th St., Suite 1808	Annette Lofgren	757-1622	215-0673
Public Health	90 W. Plato Blvd., Suite 200	Sue Krinke	266-2406	266-2593
Public Works	1425 Paul Kirkwold Drive	Pam Thompson	266-7101	266-7110
Ramsey Care Center	2000 White Bear Ave.	Barb Ruza Ryan Engle	251-2407 251-2408	777-1426
Regional Rail Authority	50 W. Kellogg, Suite 6560	Linda Danielson	266-2923	296-2934
Sheriff	425 Grove St.	Deb Boldt	266-9370	266-9390
Soil and Water Conservation District	1425 Paul Kirkwold Drive	Ann White Eagle	266-7271	266-7276
Veterans Service	90 W. Plato Blvd., Suite 210	Sue Krinke	266-2406	266-2593
Workforce Solutions	2098 11th Ave. E., No. St. Paul	Amber Kempe	779-5318	779-5090