



Community Action
Partnership of Ramsey
& Washington Counties

2026 Benefits Summary

Community Action offers benefits package that provides health and financial security for you and your family. This is a brief summary of the plans available.

Eligibility

You are eligible for benefits if you work at least 20 hours per week. You may enroll your eligible dependents, including your spouse/domestic partner and children up to age 26.

Medical Plan

You have a choice of four medical plan options from HealthPartners. All pay 100% of the cost for preventive care. Take note of which expenses are covered before or after the deductible when evaluating your options.

In-Network Coverage	\$3,400 HSA Achieve Network	\$3,500 HSA Perform Network	\$2,000 Three for Free Achieve Network	\$500 Standard Perform Network
Annual Deductible (Individual/Family)	\$3,400/\$6,800	\$3,500/\$7,000	\$2,000/\$6,000	\$500/\$1,500
Out-of-Pocket Maximum (Includes Deductible)	\$3,400/\$6,800	\$3,500/\$7,000	\$4,750/\$9,500	\$3,500/\$7,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Provider Office Visit	0%*	0%*	First 3 visits: covered at 100% After 3 Visits: 25%*	\$25 copay
Specialist Office Visit	0%*	0%*	First 3 visits: covered at 100% After 3 Visits: 25%*	\$25 copay
Most other services	0%*	0%*	25%*	25%*
Retail Pharmacy (up to a 31-day supply)	\$3,400 HSA Achieve	\$3,500 HSA Perform	\$2,000 Three for Free Achieve	\$500 Standard Perform
Generic	0%*	0%*	\$5/\$25/\$150 copay	\$15 copay
Formulary Brand	0%*	0%*	\$60 copay	\$30 copay
Non-Formulary Brand	Not covered	0%*	\$150 copay	\$80 copay
Specialty	0%*	0%*	25%	20% (\$200 copay max/script/month)
Mail Order Pharmacy (93-day supply)	\$3,400 HSA Achieve	\$3,500 HSA Perform	\$2,000 Three for Free Achieve	\$500 Standard Perform
Generic	0%*	0%*	\$15/\$75/\$450 copay	\$45 copay
Formulary Brand	0%*	0%*	\$180	\$90 copay
Non-Formulary Brand	Not covered	0%*	\$450	\$240 copay

2026 Full Year (24 pay periods)

Coverage Level	\$3,400 HSA Achieve Network	\$3,500 HSA Perform Network
Employee Only	\$81.49	\$98.37
Employee + Spouse/Domestic Partner	\$170.88	\$206.37
Employee + Child(ren)	\$179.43	\$216.61
Family	\$269.12	\$324.89

Coverage Level	\$500 Standard Perform Network	\$2,000 Three for Free Achieve Network
Employee Only	\$165.53	\$81.42
Employee + Spouse/Domestic Partner	\$347.45	\$170.74
Employee + Child(ren)	\$364.41	\$179.28
Family	\$546.63	\$268.89

2026 Part Year (18 pay periods)

Coverage Level	\$3,400 HSA Achieve Network	\$3,500 HSA Perform Network
Employee Only	\$108.65	\$131.17
Employee + Spouse/Domestic Partner	\$227.85	\$275.16
Employee + Child(ren)	\$239.25	\$288.81
Family	\$358.83	\$433.19

Coverage Level	\$500 Standard Perform Network	\$2,000 Three for Free Achieve Network
Employee Only	\$220.71	\$108.55
Employee + Spouse/Domestic Partner	\$463.26	\$227.65
Employee + Child(ren)	\$485.87	\$239.03
Family	\$728.85	\$358.52

Benefits Summary



Dental Plan

Our dental plans pay 100% of the cost for routine checkups and share the cost with you for most dental procedures. You have one dental plan option through HealthPartners.

In-Network Coverage	Open Access Choice
Annual Deductible (Individual/Family)	\$25/\$75
Calendar Year Maximum	\$2,000 per individual
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%
Basic and Restorative Services (e.g., fillings)	90%*
Major Services (e.g., dentures, crowns, bridges)	50%*
Orthodontia (children up to age 19)	50%, up to a lifetime maximum of \$1,000 per individual
Dental Implant Services	50%, up to a calendar year maximum of \$500 per individual

*After deductible

2026 Full Year (24 pay periods)

Rates	Open Access Choice
Employee Only	\$12.76
Employee + Spouse	\$26.14
Employee + Child(ren)	\$26.55
Family	\$43.64

2026 Part Year (18 pay periods)

Rates	Open Access Choice
Employee Only	\$17.01
Employee + Spouse	\$34.85
Employee + Child(ren)	\$35.40
Family	\$58.19

Vision Plan

Our vision plan offers in-network and out-of-network benefits to help you pay for the cost of glasses and contacts. Your eye exam is covered under your HealthPartners medical plan. EyeMed Vision plan pays for a portion of the cost for eyeglasses and contact lenses once a year and a portion of the cost of frames every two years.

2026 Full Year (24 pay periods)

Rates	EyeMed Vision
Employee Only	\$2.86
Employee + Spouse	\$5.44
Employee + Child(ren)	\$5.72
Family	\$8.42

2026 Part Year (18 pay periods)

Rates	EyeMed Vision
Employee Only	\$3.81
Employee + Spouse	\$7.25
Employee + Child(ren)	\$7.63
Family	\$11.21

Health Savings Account (HSA)

An HSA is a savings account that belongs to you that is paired with the HSA Plans. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents. Visit www.optumbank.com.

Flexible Spending Accounts

HealthPartners Flexible Spending Accounts allow you to contribute funds on a pretax basis to help pay medical, dental, vision and/or daycare expenses. For more information see Benefits Guide. Follows "use it or lose it" rule.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Community Action provides Basic Life and AD&D Insurance at **no cost** to you equal to 1 time your base annual earnings, up to a maximum benefit of \$20,000 for both life and AD&D through The Hartford.

You may purchase additional life and AD&D insurance for yourself, your spouse/domestic partner, and your dependents through after-tax payroll deductions. See Benefits Guide for more details.

Disability Insurance

The company provides disability income benefits at **no cost** as follows:

- **Short-Term Disability:** 60% of your weekly salary, up to \$600 per week for 11 weeks after 14 day waiting period.
- **Long-Term Disability:** 60% of your base salary, up to \$5,000 per month after latest of end of STD payments or 90 days.

Ability Assist (Employee Assistance Program)

The EAP offers 24/7 confidential counseling and assistance with personal, family and work-related issues for you and your immediate family at **no cost**. Visit <http://www.guidanceresources.com>.

403(b) Retirement Savings Plan

You are eligible to participate as of date of hire and are automatically enrolled at a 3% contribution rate. You may make contributions from your pay on a pretax or post-tax basis. CAPRW will match up to 3% after 90 days of service. If not contributing and have 2 years of continuous service, then CAPRW contributes 1%. Visit www.principal.com.

Additional Benefits

- **Accident Insurance** provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.
- **Hospital Indemnity Insurance** provides a fixed lump-sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you, your spouse and/or dependents are in the hospital.
- **Critical Illness Insurance** provides a lump-sum cash benefit if you are diagnosed with a covered illness.
- **Pet Insurance, The Hartford Value Added Services, and more...See Benefit Guide for more details.**



Contact Information

For more information, please contact HR at 651-603-5828 or humanresources@caprw.org