



2024 EMPLOYEE BENEFITS ENROLLMENT GUIDE



Renville
COUNTY
Service • Stewardship • Shared Responsibility

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2024 Summary of Benefits

This document is intended to provide a general overview of benefits provided for *full-time* positions. **Insurance benefits become effective the first day of the month following the month of full-time hire.** Further details and a complete copy of the applicable contract/policy language are available at the time an employment offer is extended. If you have any questions about the benefits, please contact Human Resources at employment@renvillecountymn.gov

Medical Insurance

The County offers three (3) Blue Cross Blue Shield medical insurance plans. Find more details here: <https://www.bluecrossmn.com/>. We are part of the Select Pharmacy Network and the Aware Provider Network. Employees scheduled for 30-39 hrs/week have prorated medical insurance premiums.

In circumstances where married couples are both insurance eligible employees of Renville County: if one spouse enrolls in family coverage and the other waives their individual coverage (and is covered under spouse's family plan), the county shall contribute an additional \$200/month towards the cost of family coverage, with any overage to be deposited monthly into an HSA or VEBA.

BLUE CROSS BLUE SHIELD	Premium per month	Employer Share per month	Employee premium cost per month	Monthly employer H.S.A or VEBA contribution	Important Notes
H.S.A. Plan - Single (\$4,000)	\$725.47	\$734.29	\$0.00	\$8.82	4 th quarter carryover option
H.S.A. Plan - Family (\$8,000)	\$1,933.31	\$1,445.05	\$488.27	\$100.00	
H.S.A. Plan - Single (\$5,000)	\$672.08	\$734.29	\$0.00	\$62.21	
H.S.A. Plan - Family (\$10,000)	\$1,791.05	\$1,445.05	\$346.01	\$100.00	
H.S.A. Plan - Single (\$7,070)	\$590.41	\$734.29	\$0.00	\$143.88	This plan is not considered "creditable" by the Center for Medicare and Medicaid Services. It may not be a good option for anyone nearing retirement.
H.S.A. Plan - Family (\$14,140)	\$1,573.41	\$1,445.05	\$128.37	\$100.00	

Dental Insurance

MetLife is a new provider for 2024.

Employee & Employer paid. County contributes \$34.72 per month.

Price per month: Employee: \$0 Employee + 1: \$38.71 Family: \$81.00

Vision Care

Employee paid. VSP Vision Plan.

Price per month: Employee: \$7.84 Employee & Spouse: \$15.68
 Employee & Child(ren): \$16.78 Employee & Family: \$26.82

Health Savings Account (H.S.A.)

Employee paid. Funds held with WEX health. In some situations, also Employer contribution (based on medical insurance plan selected, as noted above).

Single limit per year = \$4,150

Family limit per year = \$8,300

Once age 55, employees can contribute an additional \$1,000 (to either single or family)

Limit includes employer & employee contributions. Employee can also choose to have Employer contribution (if eligible) go into a VEBA account. If receiving a wellness incentive, this is also included in the yearly limit.

Flexible Spending Accounts (FSA's) Available

Employee paid. Funds held with WEX health. These amounts cannot be changed during the year unless there is a qualifying life event. All funds must be used by claims deadline.

FSA Medical/Health max election of \$2,750 per year

Limited Purpose FSA max election of \$2,750 per year (used when you also have a H.S.A., this can only be used for vision, dental or orthodontia expenses).

FSA Dependent Care max election of \$5,000 per year per family (\$2,500 if married and filing separately)

Hospital Care Insurance

Employee paid. Cigna Health provider.

Price per month:	Employee: \$19.78	Employee & Spouse: \$40.87
	Employee & Child(ren): \$35.30	Employee & Family: \$56.39

Accident Insurance

Employee paid. Cigna Health provider.

	Plan 1 - Low	Plan 2 - High
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Life Insurance

Employer paid: \$20,000 basic life insurance coverage.

The Hartford provider.

Employee paid: Rates for voluntary additional coverage for employee or spouse vary according to age category.

Max election is \$500,000 for voluntary employee life and \$250,000 for spousal life. Employees guaranteed up to \$100,000 of voluntary life and \$25,000 of spousal life without health history. Increases over this amount will require health history.

<u>Age of Employee or Spouse</u>	<u>Employee Monthly Cost Per \$1000</u>
Under 35	\$0.05
35 to 39	\$0.08
40 to 44	\$0.10
45 to 49	\$0.13
50 to 54	\$0.20
55 to 59	\$0.35
60 to 64	\$0.52
65 to 69	\$0.99
70 to 74	\$1.59

Child(ren) Life Insurance: \$1.30/month per family

Employee paid. The Hartford provider. Term life insurance protecting your unmarried children for \$10,000 each (Children must be under age 26).

Long Term Disability

Employee paid. The Hartford provider. Cannot be more than 60% of gross monthly wage. Employees currently insured for \$500 or more monthly benefit have the opportunity to increase their LT Disability without having to provide a Health Questionnaire. The amount of increase is subject to 6/6/24 *¹ preexisting condition limitation. Employees who waived LT Disability coverage at time of initial eligibility must complete a health questionnaire. Benefits begin on the fourth month of a disability and are payable for injury, sickness or pregnancy up to your normal retirement age, as defined by Social Security. Rates vary according to age category:

<u>Age</u>	<u>Price per Month for \$100 Monthly Benefit</u>
Under 25	\$.231
25 to 29	\$.297
30 to 34	\$.440
35 to 39	\$.517
40 to 44	\$.693
45 to 49	\$1.034
50 to 54	\$1.078
55 to 59	\$1.342
60 to 64	\$1.463
65+	\$1.540

Short Term Disability

Employee paid. Dearborn provider. Cannot be more than 60% of gross weekly wage. Benefits begin on the 1st day of an injury or 8th day of a sickness and can be payable up to 13 weeks. Rates vary according to age category:

<u>Age</u>	<u>Price per Month/ \$100 Weekly Benefit</u>
Under 20	\$4.94
20 to 24	\$4.95
25 to 29	\$5.23
30 to 34	\$4.64
35 to 39	\$4.22
40 to 44	\$3.89
45 to 49	\$4.01
50 to 54	\$4.76
55 to 59	\$6.11
60 to 64	\$7.50
65 to 69	\$7.67
70+	\$8.66

Critical Illness Insurance

Employee paid. Cigna Health provider. Benefit amount: \$15,000 for employee, \$7,500 for spouse, \$3,750 for child(ren). Subject to a 12 month/12 month *2 pre-existing condition limitation.

Age	Employee Only	Employee & Spouse	Employee & Children	Family
18-24	\$5.82	\$10.39	\$6.19	\$10.76
25-29	\$6.59	\$11.55	\$6.97	\$11.92
30-34	\$8.52	\$14.30	\$8.90	\$14.68
35-39	\$11.73	\$19.18	\$12.10	\$19.55
40-44	\$15.00	\$24.18	\$15.37	\$24.55
45-49	\$21.57	\$34.27	\$21.94	\$34.64
50-54	\$29.49	\$47.60	\$29.87	\$47.97
55-59	\$39.41	\$64.34	\$39.79	\$64.72
60-64	\$50.53	\$82.90	\$50.90	\$83.27
65-69	\$62.42	\$100.39	\$62.79	\$100.76
70-74	\$87.29	\$138.29	\$87.66	\$138.67
75-79	\$121.61	\$182.09	\$121.99	\$182.46

*1 *Pre-existing Condition Limitation: At the time You become Disabled: 1) You have not received Medical Care for the condition for 6 consecutive months while insured under The Policy; or 2) You have been continuously insured under The Policy for 24 consecutive months. See full details in the Long Term Disability Certificate available on the staff page under HR Connection.*

*2 *Pre-Existing Condition Limitation: Any Sickness or Injury for which a Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance. See full details in the Critical Illness Certificate available on the staff page under HR Connection.*

Paid Time Off:

Vacation Accrual – 12 to 24 days earned per year (depending upon tenure)

Paid Holidays – 11 to 12 per year

Sick Time – 12 days earned per year

Public Employees Retirement Association benefits provided

Employee & Employer paid pension plan. PERA rates and handbooks available online: www.mnpera.org

Contributions Per Plan

	<u>Employer</u>	<u>Employee</u>
Coordinated	7.5%	6.5%
Patrol	17.7%	11.8%
Correctional	8.75%	5.83%

Deferred Compensation

Employee paid. Information can be obtained from representatives (Reps can be found on our staff page)

Wellness Incentive

If qualifying for, and receiving, the \$500 wellness incentive, it will be placed in your H.S.A., VEBA or FSA account in the year following the earning.

Continuing Education Tuition Reimbursement Program Available

Tuition reimbursement of up to \$5,250 annually is available for accredited post-secondary courses for all part-time and full-time employees.

Bilingual Pay

Employees certified to the Administration Office by their department head as bi-lingual proficient and assigned interpreter duties shall be provided additional compensation at the rate of \$1.20 per hour while in regular status for all hours compensated.

Volunteer Service Pay

Employees who are members of volunteer fire departments, ambulance services and other emergency volunteer organizations who are employer approved may stay in paid status to be absent from work to attend emergencies with department head approval.

Flexible Schedule/Remote Work

Renville County supports flex work schedules or telecommuting as a work option which, when properly implemented, can benefit both the County, customer service and employees.

Bereavement

Employees are allowed paid bereavement leave from 1-5 days based on the relationship.

Comp Time Availability

Employees may have the option to take comp time in lieu of overtime payments. After comp time is earned, it may be used in place of vacation in future pay periods.

Exempt employees may earn comp time at 1:1 ratio.

Note: *This information is intended as a summary of benefits only. Please refer to the Renville County Personnel Policy and/or applicable Union contract for a comprehensive listing of benefits and specifics.*

HRconnection-Benefit Resource Site

Online Resource that allows you to print applications to increase or decrease your benefits, use calculators to determine your financial need, watch videos explaining coverages and much more.

Direct Link: <https://www.hrconnection.com?u=RenvilleCounty>

Or

Go to: www.hrconnection.com/guestlogin.aspx

Guest Key: [RenvilleCounty](#)

Renville County
Custom \$4,000-0% HSA
January 1, 2024

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately. 4 th Quarter carryover applies	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$7,000 individual \$14,000 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$10,000 individual \$20,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Omada® <ul style="list-style-type: none"> • diabetes and cardiovascular disease prevention program (Generic Program) 	0%	No coverage
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • professional lab services • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance No Coverage Deductible then 50% coinsurance Deductible then 50% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Hospital Outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance

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Durable Medical Equipment/Medical Supplies	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Bariatric surgery	No coverage	
Assisted Fertilization	No coverage	
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visit/therapy) • outpatient professional services (office – other services) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
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Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

***Lowest out-of-pocket costs:** in-network providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.



Renville County
Custom \$5000-0% HSA
January 1, 2024

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical and prescription combined \$5,000 individual \$10,000 family	Medical and prescription combined \$7,000 individual \$14,000 family
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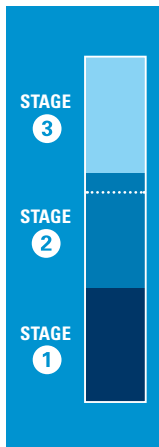
Renville County
Custom \$7070-0% HSA
January 1, 2024

Coinsurance reflects member responsibility

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Hospital Outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance

UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.*

*Covered medical costs up to the lifetime maximum.

Learn more health plan basics at bluecrossmn.com/EmployerPlans

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.



Premium

The regular payment you make throughout the year to keep your plan active

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.



Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

CHOOSING A PLAN: THINK ABOUT YOUR NEEDS

When choosing a plan, think about how much medical care, including prescriptions, you (and your dependents) expect to need within the plan year.

Higher-premium plan with lower deductibles

This type of plan may be a good option if you (and your dependents):

- See a doctor regularly
- Need regular prescription drugs, specialty drugs or medical equipment
- Are expecting to have surgery, give birth or other major medical care

You'll pay more for your premium, but generally your out-of-pocket costs will be less when you get care. Be sure you can afford the higher premium because you will pay this regularly.

Lower-premium plan with higher deductibles

This type of plan may be a good option if you (and your dependents):

- Don't expect to need much medical care
- Don't need regular prescription drugs, specialty drugs or medical equipment

You'll pay less for your premium, but generally your out-of-pocket costs will be higher when you get care. Be sure you can afford out-of-pocket medical costs if you need care unexpectedly.



IN GENERAL:

- **Higher premium =**
Lower out-of-pocket costs
- **Lower premium =**
Higher out-of-pocket costs

Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

See glossary for definitions.



Stay in network

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor is important to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor and select the network you are considering.

NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor.

National and international networks

- **BlueCard® PPO** – Access to more than 1.8 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

PREVENTIVE CARE

**Most preventive visits
are covered at**

 **100%**

**when you see a doctor
in network**

Check your benefit booklet on your member website.

HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Online behavioral health programs

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it.

- Visit learntolive.com/partners and enter code BC

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

Health assessment

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you.

- Log in at bluecrossmn.com/BCA

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbsmn

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Get Active program

Earn rewards by tracking daily steps or your favorite activity.

- Log in at bluecrossmn.com/BCA

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmn.com or call 1-888-662-BLUE (2583). TTY users, call 711.

Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Autism program

Licensed professionals provide clinical and administrative assistance to get you and your family the support and treatment you need.

- Call 1-855-312-9107

Eating disorder program

Get one-on-one support for you or a family member at risk of or recovering from an eating disorder.

- Call 1-855-312-9107

Opioid use program

Get assistance identifying underlying conditions that contribute to substance use and find appropriate care to support recovery.

- Call 1-855-312-9107

Gender Care Services

Connect with a Gender Services Consultant to discuss gender-related care options, health plan coverage and providers.

- Visit bluecrossmn.com/GenderCare or call 1-866-694-9361













HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
 MEDICAL/ MENTAL HEALTH ADVICE	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	 short to medium	\$0 – \$
 CARE QUICKLY	Online care Colds, cough or flu, bladder infections, mental health*	Visit doctorondemand.com/ bluecrossmn 24 hours a day, seven days a week or check with your provider.	 short	\$
 CARE TODAY	Convenience clinic Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 CARE SOON	Office visit Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	 varies	\$\$ – \$\$\$
 CARE NOW	Urgent care Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	 varies	\$\$\$\$
 CARE IMMEDIATELY	Emergency room (ER) Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	 longer, unless life-threatening	\$\$\$\$\$

Please note: The conditions listed are for example only and not a complete list.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

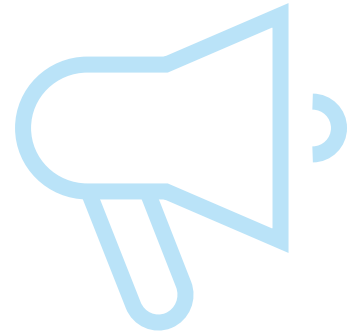
Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will make sure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit bluecrossmn.com/QualityImprovement to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit bluecrossmn.com/Privacy or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.

PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (see glossary). Using your pharmacy network and formulary drugs can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** *Your pharmacy network name is listed on your benefit chart.* If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Drug search:** *The name of your formulary or drug list is listed on your benefit chart.* Drugs not on your drug list may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions, specialty pharmacies, retail and home delivery.



- Stay within your network
- Opt for generic
- Choose drugs on your formulary

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.
Each pharmacy is an independent company that provides pharmaceutical services.

DENTAL INSURANCE – *New Carrier (MetLife)!*

Changes as of 1/1/2024:

- New Carrier (MetLife)
- **Employer contribution increasing**
- Several plan design enhancements highlighted below in yellow

Monthly Rates for employees scheduled for 30+hrs/week:

Employee Only	\$0
Employee + 1	\$38.71
Employee + Family	\$81.00

Employer contribution of \$34.72 for each dental plan option.

Maximum Annual Benefit Per Covered Person	\$1,000
Deductible Per Person	\$50
Deductible Max Family	\$150
Deductible Waived on Preventative?	Yes
Percentile of Usual and Customary	99% U&C
Child Orthodontia - Up to age 19	50% to \$1,000 Lifetime
Co-Insurance breakdown	
Preventative	100%
Basic Restorative	80%
Basic Oral Surgery	80%
Complex Surgical Extractions	80%
Endodontic Therapy	80%
Basic Periodontal Services	80%
Complex Surgical Periodontal	80%
Major Restorative	50%
Prosthetic Services	50%
Implants	50%
Cleanings	Cleanings 2x's per Year
Xrays	Xrays complete series every 3 years, Bitewings every 12mo.
Fillings	Plan Pays for composite (white) Fillings Front and Back Teeth
Waiting Periods	No Waiting Periods

- Because dental premiums are deducted on a pre-tax basis, your cost may be reduced on average between 27% and 39%; depending on your tax bracket.

- If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

VSP VISION BENEFITS SUMMARY

Renville County and VSP provide you with an affordable vision plan.



The VSP Choice Materials Only vision care program is available for employees and their dependents to help save money on Vision care using pre tax dollars. **Find In Network providers on the HRconnection site.**

	<u>Monthly Rates</u>
Employee	\$7.84
Employee + 1	\$15.68
Employee + Child(ren)	\$16.78
Family	\$26.82

PROVIDER NETWORK:
VSP Choice

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$45	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in July

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM Renville County AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER
PROGRAM

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST
STEWART

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or vsp.com

Guide to Health Savings Accounts (HSAs)

Introducing the HSA

A health savings account (HSA) is a benefit that allows you to choose how much of your paycheck you'd like to allocate pre-tax dollars from for healthcare expenses or use as a retirement savings tool.

How an HSA works with your qualified medical plan

› Medical premium (your payment for health insurance)

Premiums often cost less for high deductible health plans (HDHPs).

› Out-of-pocket health care costs (up to deductible and coinsurance)

› HSA contributions

Consider how much you'll spend on health care next year. Put that money into an HSA pretax from your paycheck. Putting money into an HSA helps you prepare and pay for health care costs tax-free. If you don't need the money, save it for future needs. You can change, start, or stop contributions at any time.

› Out-of-pocket maximum

Once you reach your out-of-pocket max, you can use your HSA funds to pay for additional medical expenses. HSAs can help in the event unexpected health care needs arise.



Here's what's covered

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

Guide to Health Savings Accounts (HSAs) Continued

Common ineligible expenses include:

- Payments for health insurance premiums or contributions for self-funded health coverage generally aren't qualifying expenses.
- Premiums for a Medicare supplemental policy and Medigap aren't eligible. Expenses solely for cosmetic reasons generally aren't expenses for medical care. Also, expenses that are merely beneficial to your general health aren't eligible.
- Non-medical withdrawals
- You can make withdrawals from your HSA for non-medical expenses at any time.
- Non-medical distributions become taxable income, and a 20% penalty may apply.
- If you are disabled or at least age 65, you can withdraw funds without penalty, but you must report your distribution as taxable income

HSA Contribution Limits

	2023 Limits
Single	\$3,850
Family	\$7,750
Catch Up (age 55+)	\$1,000

The Medical Flexible Spending Account (FSA)

Introducing the medical FSA

The FSA covers general-purpose and qualified health expenses such as prescription drugs, insurance copayments and deductibles, and medical devices.

Medical FSA funds come from your contributions, and unused dollars (up to a certain amount) are forfeited at year's end, so set aside the right amount of money for your medical expenses.

- The amount you select is withheld pre-tax from your pay and distributed equally throughout the year into your FSA
- Your total FSA contribution is available from day one
- Your out-of-pocket medical bills can be paid using your MHC/WEX debit card or by submitting receipts for reimbursement
- Health care expenses can be paid tax-free

WEX: We're here for you

1-866-451-3399

If you can't find the answers you're looking for online, give us a call. You can speak with one of our specially trained FSA customer service representatives.



What's covered by your FSA

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, and more

Common ineligible expenses:

- Health insurance premiums
- Costs that aren't considered qualified medical expenses as defined by the IRS

After selecting a medical FSA at open enrollment

- Contribute only what you think you'll need within the next plan year
- A MHC/WEX Visa debit card will be sent to you by mail
- Download the WEX mobile app or use the website to view and manage your account

The IRS requires you to save all your receipts and explanation of benefits (EOB) statements to validate expenses.

Guide to VEBA

Introducing the VEBA

The Voluntary Employees' Beneficiary Association (VEBA) plan is a type of a tax-free plan funded by employer contributions that you and your dependents may use to pay for eligible expenses. The VEBA plan is employer-funded. You must be covered by an employer-sponsored health plan to be eligible for VEBA.

What you need to know about VEBAs

- › As soon as your employer funds the account the money becomes available to pay for eligible expenses.
- › You don't pay taxes on account contributions, interest earned, or on eligible reimbursements.
- › Your money can earn interest tax free from day one.
- › You can open a basic investment account with access to 30+ mutual funds.
- › Use VEBA funds to pay for eligible medical expenses now or later, even in retirement.
- › Once you are no longer working for your employer, use funds to pay for health insurance premiums, such as private health insurance, COBRA, Medicare, and Long Term Care premiums.
- › Beneficiary protection ensures allocation of your VEBA dollars to your spouse, children, or designated beneficiary after you're gone.

WEX: We're here for you

1-866-451-3399

6 a.m. - 9 p.m. CST, Monday - Friday



You're all set!

Use your VEBA for medical costs not covered by your health insurance, including:

- ✓ Over-the-counter medications, prescription drugs, and some feminine hygiene products
- ✓ Copayments, coinsurance, and 213(d)-listed items
- ✓ Dental and vision care costs
- ✓ VEBA reimburses eligible expenses for you and for eligible dependents

Quick reminder

You can't use your VEBA for:

- ✗ Current health insurance premiums
- ✗ Costs that aren't considered qualified medical expenses as defined by the IRS

SHORT TERM DISABILITY (STD)

- Protect your income for the first 3 months of a disability with Short Term Disability insurance.
- Benefits begin on the 1st day of an injury or 8th day of a sickness and can be payable up to 13 weeks.
- You may **select your level of coverage** from weekly benefits of \$100 to \$1000 in \$50 increments, not to exceed 60% of weekly gross earnings.
- **OPEN ENROLLMENT** – Employees may sign up or increase without providing proof of good health. The amount of benefit is subject to the normal 12 month /12 month pre-existing condition limitation.

If your annual salary is at least	You may select a weekly benefit of	Monthly Premium Cost											
		Age on January 1											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$8,667	\$100	\$4.94	\$4.95	\$5.23	\$4.64	\$4.22	\$3.89	\$4.01	\$4.76	\$6.11	\$7.50	\$7.67	\$8.66
\$13,000	\$150	\$7.41	\$7.43	\$7.85	\$6.96	\$6.33	\$5.84	\$6.02	\$7.14	\$9.17	\$11.25	\$11.51	\$12.99
\$17,333	\$200	\$9.88	\$9.90	\$10.46	\$9.28	\$8.44	\$7.78	\$8.02	\$9.52	\$12.22	\$15.00	\$15.34	\$17.32
\$21,667	\$250	\$12.35	\$12.38	\$13.08	\$11.60	\$10.55	\$9.73	\$10.03	\$11.90	\$15.28	\$18.75	\$19.18	\$21.65
\$26,000	\$300	\$14.82	\$14.85	\$15.69	\$13.92	\$12.66	\$11.67	\$12.03	\$14.28	\$18.33	\$22.50	\$23.01	\$25.98
\$30,333	\$350	\$17.29	\$17.33	\$18.31	\$16.24	\$14.77	\$13.62	\$14.04	\$16.66	\$21.39	\$26.25	\$26.85	\$30.31
\$34,667	\$400	\$19.76	\$19.80	\$20.92	\$18.56	\$16.88	\$15.56	\$16.04	\$19.04	\$24.44	\$30.00	\$30.68	\$34.64
\$39,000	\$450	\$22.23	\$22.28	\$23.54	\$20.88	\$18.99	\$17.51	\$18.05	\$21.42	\$27.50	\$33.75	\$34.52	\$38.97
\$43,333	\$500	\$24.70	\$24.75	\$26.15	\$23.20	\$21.10	\$19.45	\$20.05	\$23.80	\$30.55	\$37.50	\$38.35	\$43.30
\$47,667	\$550	\$27.17	\$27.23	\$28.77	\$25.52	\$23.21	\$21.40	\$22.06	\$26.18	\$33.61	\$41.25	\$42.19	\$47.63
\$52,000	\$600	\$29.64	\$29.70	\$31.38	\$27.84	\$25.32	\$23.34	\$24.06	\$28.56	\$36.66	\$45.00	\$46.02	\$51.96
\$56,333	\$650	\$32.11	\$32.18	\$34.00	\$30.16	\$27.43	\$25.29	\$26.07	\$30.94	\$39.72	\$48.75	\$49.86	\$56.29
\$60,667	\$700	\$34.58	\$34.65	\$36.61	\$32.48	\$29.54	\$27.23	\$28.07	\$33.32	\$42.77	\$52.50	\$53.69	\$60.62
\$65,000	\$750	\$37.05	\$37.13	\$39.23	\$34.80	\$31.65	\$29.18	\$30.08	\$35.70	\$45.83	\$56.25	\$57.53	\$64.95
\$69,333	\$800	\$39.52	\$39.60	\$41.84	\$37.12	\$33.76	\$31.12	\$32.08	\$38.08	\$48.88	\$60.00	\$61.36	\$69.28
\$73,667	\$850	\$41.99	\$42.08	\$44.46	\$39.44	\$35.87	\$33.07	\$34.09	\$40.46	\$51.94	\$63.75	\$65.20	\$73.61
\$78,000	\$900	\$44.46	\$44.55	\$47.07	\$41.76	\$37.98	\$35.01	\$36.09	\$42.84	\$54.99	\$67.50	\$69.03	\$77.94
\$82,333	\$950	\$46.93	\$47.03	\$49.69	\$44.08	\$40.09	\$36.96	\$38.10	\$45.22	\$58.05	\$71.25	\$72.87	\$82.27
\$86,667	\$1,000	\$49.40	\$49.50	\$52.30	\$46.40	\$42.20	\$38.90	\$40.10	\$47.60	\$61.10	\$75.00	\$76.70	\$86.60

LONG TERM DISABILITY (LTD)

- Benefits begin on the **fourth** month of a disability and are payable for injury, sickness or pregnancy up to your normal retirement age, as defined by Social Security.
- You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.
- Employees currently insured for \$500 or more monthly benefit have the opportunity to increase their Long Term Disability without having to provide a Health Questionnaire. The amount of increase is subject to the normal pre-existing conditions period.
- Employees not currently participating in the plan may apply for Long Term Disability by providing proof of good health. Please complete the health questions. (The minimum total benefit must be \$500 per month.)

If your annual salary is at least	You may select a monthly benefit of	Age on January 1									
		0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
		Monthly Premium Cost									
\$10,000	\$500	\$1.16	\$1.49	\$2.20	\$2.59	\$3.47	\$5.17	\$5.39	\$6.71	\$7.32	\$7.70
\$12,000	\$600	\$1.39	\$1.78	\$2.64	\$3.10	\$4.16	\$6.20	\$6.47	\$8.05	\$8.78	\$9.24
\$14,000	\$700	\$1.62	\$2.08	\$3.08	\$3.62	\$4.85	\$7.24	\$7.55	\$9.39	\$10.24	\$10.78
\$16,000	\$800	\$1.85	\$2.38	\$3.52	\$4.14	\$5.54	\$8.27	\$8.62	\$10.74	\$11.70	\$12.32
\$18,000	\$900	\$2.08	\$2.67	\$3.96	\$4.65	\$6.24	\$9.31	\$9.70	\$12.08	\$13.17	\$13.86
\$20,000	\$1,000	\$2.31	\$2.97	\$4.40	\$5.17	\$6.93	\$10.34	\$10.78	\$13.42	\$14.63	\$15.40
\$22,000	\$1,100	\$2.54	\$3.27	\$4.84	\$5.69	\$7.62	\$11.37	\$11.86	\$14.76	\$16.09	\$16.94
\$24,000	\$1,200	\$2.77	\$3.56	\$5.28	\$6.20	\$8.32	\$12.41	\$12.94	\$16.10	\$17.56	\$18.48
\$26,000	\$1,300	\$3.00	\$3.86	\$5.72	\$6.72	\$9.01	\$13.44	\$14.01	\$17.45	\$19.02	\$20.02
\$28,000	\$1,400	\$3.23	\$4.16	\$6.16	\$7.24	\$9.70	\$14.48	\$15.09	\$18.79	\$20.48	\$21.56
\$30,000	\$1,500	\$3.47	\$4.46	\$6.60	\$7.76	\$10.40	\$15.51	\$16.17	\$20.13	\$21.95	\$23.10
\$32,000	\$1,600	\$3.70	\$4.75	\$7.04	\$8.27	\$11.09	\$16.54	\$17.25	\$21.47	\$23.41	\$24.64
\$34,000	\$1,700	\$3.93	\$5.05	\$7.48	\$8.79	\$11.78	\$17.58	\$18.33	\$22.81	\$24.87	\$26.18
\$36,000	\$1,800	\$4.16	\$5.35	\$7.92	\$9.31	\$12.47	\$18.61	\$19.40	\$24.16	\$26.33	\$27.72
\$38,000	\$1,900	\$4.39	\$5.64	\$8.36	\$9.82	\$13.17	\$19.65	\$20.48	\$25.50	\$27.80	\$29.26
\$40,000	\$2,000	\$4.62	\$5.94	\$8.80	\$10.34	\$13.86	\$20.68	\$21.56	\$26.84	\$29.26	\$30.80
\$42,000	\$2,100	\$4.85	\$6.24	\$9.24	\$10.86	\$14.55	\$21.71	\$22.64	\$28.18	\$30.72	\$32.34
\$44,000	\$2,200	\$5.08	\$6.53	\$9.68	\$11.37	\$15.25	\$22.75	\$23.72	\$29.52	\$32.19	\$33.88
\$46,000	\$2,300	\$5.31	\$6.83	\$10.12	\$11.89	\$15.94	\$23.78	\$24.79	\$30.87	\$33.65	\$35.42
\$48,000	\$2,400	\$5.54	\$7.13	\$10.56	\$12.41	\$16.63	\$24.82	\$25.87	\$32.21	\$35.11	\$36.96
\$50,000	\$2,500	\$5.78	\$7.43	\$11.00	\$12.93	\$17.33	\$25.85	\$26.95	\$33.55	\$36.58	\$38.50
\$52,000	\$2,600	\$6.01	\$7.72	\$11.44	\$13.44	\$18.02	\$26.88	\$28.03	\$34.89	\$38.04	\$40.04
\$54,000	\$2,700	\$6.24	\$8.02	\$11.88	\$13.96	\$18.71	\$27.92	\$29.11	\$36.23	\$39.50	\$41.58
\$56,000	\$2,800	\$6.47	\$8.32	\$12.32	\$14.48	\$19.40	\$28.95	\$30.18	\$37.58	\$40.96	\$43.12
\$58,000	\$2,900	\$6.70	\$8.61	\$12.76	\$14.99	\$20.10	\$29.99	\$31.26	\$38.92	\$42.43	\$44.66
\$60,000	\$3,000	\$6.93	\$8.91	\$13.20	\$15.51	\$20.79	\$31.02	\$32.34	\$40.26	\$43.89	\$46.20
\$62,000	\$3,100	\$7.16	\$9.21	\$13.64	\$16.03	\$21.48	\$32.05	\$33.42	\$41.60	\$45.35	\$47.74
\$64,000	\$3,200	\$7.39	\$9.50	\$14.08	\$16.54	\$22.18	\$33.09	\$34.50	\$42.94	\$46.82	\$49.28
\$66,000	\$3,300	\$7.62	\$9.80	\$14.52	\$17.06	\$22.87	\$34.12	\$35.57	\$44.29	\$48.28	\$50.82
\$68,000	\$3,400	\$7.85	\$10.10	\$14.96	\$17.58	\$23.56	\$35.16	\$36.65	\$45.63	\$49.74	\$52.36
\$70,000	\$3,500	\$8.09	\$10.40	\$15.40	\$18.10	\$24.26	\$36.19	\$37.73	\$46.97	\$51.21	\$53.90
\$72,000	\$3,600	\$8.32	\$10.69	\$15.84	\$18.61	\$24.95	\$37.22	\$38.81	\$48.31	\$52.67	\$55.44
\$74,000	\$3,700	\$8.55	\$10.99	\$16.28	\$19.13	\$25.64	\$38.26	\$39.89	\$49.65	\$54.13	\$56.98
\$76,000	\$3,800	\$8.78	\$11.29	\$16.72	\$19.65	\$26.33	\$39.29	\$40.96	\$51.00	\$55.59	\$58.52
\$78,000	\$3,900	\$9.01	\$11.58	\$17.16	\$20.16	\$27.03	\$40.33	\$42.04	\$52.34	\$57.06	\$60.06
\$80,000	\$4,000	\$9.24	\$11.88	\$17.60	\$20.68	\$27.72	\$41.36	\$43.12	\$53.68	\$58.52	\$61.60
\$82,000	\$4,100	\$9.47	\$12.18	\$18.04	\$21.20	\$28.41	\$42.39	\$44.20	\$55.02	\$59.98	\$63.14
\$84,000	\$4,200	\$9.70	\$12.47	\$18.48	\$21.71	\$29.11	\$43.43	\$45.28	\$56.36	\$61.45	\$64.68
\$86,000	\$4,300	\$9.93	\$12.77	\$18.92	\$22.23	\$29.80	\$44.46	\$46.35	\$57.71	\$62.91	\$66.22
\$88,000	\$4,400	\$10.16	\$13.07	\$19.36	\$22.75	\$30.49	\$45.50	\$47.43	\$59.05	\$64.37	\$67.76
\$90,000	\$4,500	\$10.40	\$13.37	\$19.80	\$23.27	\$31.19	\$46.53	\$48.51	\$60.39	\$65.84	\$69.30
\$92,000	\$4,600	\$10.63	\$13.66	\$20.24	\$23.78	\$31.88	\$47.56	\$49.59	\$61.73	\$67.30	\$70.84
\$94,000	\$4,700	\$10.86	\$13.96	\$20.68	\$24.30	\$32.57	\$48.60	\$50.67	\$63.07	\$68.76	\$72.38
\$96,000	\$4,800	\$11.09	\$14.26	\$21.12	\$24.82	\$33.26	\$49.63	\$51.74	\$64.42	\$70.22	\$73.92
\$98,000	\$4,900	\$11.32	\$14.55	\$21.56	\$25.33	\$33.96	\$50.67	\$52.82	\$65.76	\$71.69	\$75.46
\$100,000	\$5,000	\$11.55	\$14.85	\$22.00	\$25.85	\$34.65	\$51.70	\$53.90	\$67.10	\$73.15	\$77.00

GROUP ACCIDENT INSURANCE

Protect your finances in the event you, or a family member, suffer an accidental injury. Benefits from this plan supplement you with a lump sum, tax-free cash payment to help you bridge the gap with out-of-pocket medical expenses. **Forms and additional information may be found on the *HRconnection* website.**

The Accident plan includes:

- All coverage is Guaranteed Issue.
- On/Off the job accidents covered.
- Coverage is portable; you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Monthly Premium Rates

	Low Option	High Option
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Sampling of Covered Accidents/Conditions Benefit Payout Schedule:

Fractures	Low Plan		High Plan	
	Non-surgical	Surgical	Non-surgical	Surgical
Skull	\$1,000	\$2,000	\$2,000	\$4,000
Hip or Thigh	\$1,000	\$2,000	\$2,000	\$4,000
Vertebrae or Pelvis	\$1,000	\$2,000	\$1,500	\$3,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib	\$100	\$200	\$200	\$400

Dislocations				
Hip Joint	\$1,000	\$2,000	\$2,000	\$4,000
Knee Joint	\$500	\$1,000	\$1,000	\$2,000
Bones of Foot	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe	\$50	\$100	\$100	\$200

Additional benefits for broken fingers, toes, sternum, heel, chip fractures, multiple fractures, etc

	Low Plan	High Plan
Initial Care and Emergency Care		
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam	\$10	\$25
Ground/Water Ambulance	\$100	\$200
Air Ambulance	\$300	\$600

Hospital Care		
Hospital Admission	\$500	\$1,500
Hospital Stay	\$100 per day	\$300 per day
Intensive Care Unit Stay	\$200 per day	\$400 per day

Follow Up Care		
Follow Up Physician Office Visits*	\$50 per visit	\$100 per visit
Follow Up Physical Therapy Visits*	\$25 per visit	\$50 per visit

*Limit of 10 treatments per Accident

Additional Benefit Riders for:		
Small Burns	\$100	\$300
Large Burns	\$300	\$900
Small Lacerations	\$50	\$100
Large Lacerations	\$100	\$200
General Anesthesia	\$100	\$200
Abdominal or Thoracic Surgery	\$1,000	\$1,500
Tendon/Ligament/Rotator Cuff	\$100/\$200	\$200/\$400
Ruptured Disc Surgery	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury - Foreign Object Removal	\$100	\$200
Emergency Dental - Chip/Removal	\$50/\$100	\$75/\$150

Note: additional benefit types exist (this is not the complete list of covered benefit types)

As an example, if an individual who is covered under the “High Option” suffers an accident in which they fracture their upper arm (surgical) and dislocate their elbow (non-surgical), they would receive \$2,000 for the fracture and \$600 for the dislocation. Additionally, there would likely be an ER visit in this situation (\$200 on the High Plan), an X-Ray (\$25), and general anesthesia (\$200), for a total payout of \$3,025. Furthermore, the individual would qualify for the Follow-Up Care benefit, which is an additional \$100 per visit to their Physician’s Office or \$50 per visit for Physical Therapy (limited to 10 treatments per accident).



CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Critical Illness insurance provides a cash benefit when an insured person is diagnosed with a covered critical illness or event after coverage is in effect.

Who Can Elect Coverage?:

You: All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States. Late applications require medical evidence of insurability.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 70, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

Covered Illnesses and Events		Benefit Amount %
Invasive Cancer	Uncontrolled/abnormal growth or spread of invasive malignant cells.	100%
Heart Attack	Includes two of the following that cause permanent loss of heart contraction function: 1) Chest pains. 2) EKG changes 3) Biochemical markers of heart tissue death.	100%
Stroke	Cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging with neurological deficits lasting 30 days or more.	100%
Kidney Failure	Chronic, irreversible. Requires hemo—or peritoneal dialysis.	100%
Major Organ Transplant	Includes: liver, lung, pancreas, kidney, or heart. Happens on first hospitalized day for surgery.	100%
Amyotrophic Lateral Sclerosis	(Also known as Lou Gehrig's Disease) motor neuron disease resulting in muscular weakness and atrophy.	100%
Paralysis	Complete, permanent loss of use of two or more limbs.	100%
Blindness	Irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less.	100%
Coronary Artery Disease (Surgery)	Heart disease/angina requiring coronary artery bypass surgery, as indicated by angiographic test results.	25%*
Carcinoma in Situ	Non-invasive malignant tumor.	25%*

**If less than 100% of the benefit amount is paid for a covered Critical Illness, the remaining benefit amount is available for payment of a subsequent and different covered Critical Illness.*

CRITICAL ILLNESS INSURANCE cont.

Additional Benefits	
Health Screening Benefit	Examples include (but are not limited to) mammography, bone marrow testing, pap smear (for women over age 18), breast ultrasound, colonoscopy, and certain blood tests. \$75
Additional Critical Illness Benefit	Benefit for the diagnosis of a subsequent and different covered condition. Payable after a 6 month Separation Period from diagnosis of 1st covered illness.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same covered condition. Payable after a 12 month Separation Period from diagnosis of previous covered illness.

Costs are subject to change, and may be different if certain benefits or riders are not available in certain resident states.

Benefits reduce by age according to the Age Based Reductions schedule.

Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

***Domestic Partner** is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, the date you authorize any necessary payroll deductions., or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

GROUP CRITICAL ILLNESS INSURANCE

Cigna's Group Critical Illness insurance helps employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as invasive cancer, heart attack, stroke, kidney disease or major organ failure. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses associated with a critical illness.

The benefit is \$15,000 for Employee; \$7,500 for Spouse; \$3,750 for Child(ren)

The Critical Illness plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation (see below for Invasive Cancer Exclusion).
- Invasive Cancer Exclusion: 12-month treatment-free lookback period.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$75 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Age	Monthly Rates			
	Employee Only	Employee & Spouse	Employee & Children	Family
18-24	\$5.82	\$10.39	\$6.19	\$10.76
25-29	\$6.59	\$11.55	\$6.97	\$11.92
30-34	\$8.52	\$14.30	\$8.90	\$14.68
35-39	\$11.73	\$19.18	\$12.10	\$19.55
40-44	\$15.00	\$24.18	\$15.37	\$24.55
45-49	\$21.57	\$34.27	\$21.94	\$34.64
50-54	\$29.49	\$47.60	\$29.87	\$47.97
55-59	\$39.41	\$64.34	\$39.79	\$64.72
60-64	\$50.53	\$82.90	\$50.90	\$83.27
65-69	\$62.42	\$100.39	\$62.79	\$100.76
70-74	\$87.29	\$138.29	\$87.66	\$138.67
75-79	\$121.61	\$182.09	\$121.99	\$182.46
80-84	\$153.67	\$223.14	\$154.04	\$223.51
85+	\$189.66	\$293.71	\$190.04	\$294.09

GROUP HOSPITAL CARE INSURANCE

Cigna's Group Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness (pregnancy included). See below for the benefit payout schedule. **Forms and additional information may be found on *HRconnection*.**

The Hospital plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation.
- This includes no pre-existing condition limitation for pregnancies or scheduled surgeries.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Hospitalization Benefit Type	Benefit Amount	Hospitalization Benefit Type (cont'd)	Benefit Amount	Monthly Rates	
Hospital Admission	\$1,000	Hospital Intensive Care Unit Stay	\$200	Employee Only	\$19.78
No elimination period. Limited to 1 day, 1 benefit every 90 days.		No elimination period. Limited to 30 days, 1 benefit every 90 days.		Employee + Spouse	\$40.87
<i>To qualify, you must be:</i>				Employee + Child(ren)	\$35.30
1) Admitted to the hospital as an in-patient.		Hospital Chronic Condition Admission	\$50	Family	\$56.39
2) Charged at least a 24-hr Room & Board charge on your medical bill.		No elimination period. Limited to 1 day, 1 benefit every 90 days.			
Hospital Stay	\$100	Hospital Observation Day	\$100 / 24 hr		
No elimination period. Limited to 30 days, 1 benefit every 90 days.		1 hr elimination period. Limited to 72 hours.			
		Newborn Admission	\$100		

Rates and open amounts of coverage are effective January 1, 2024. Note: rate calculations are based upon your attained age as of that date. For those benefits subject to proof of good health, coverage will become effective upon approval. (Employees must be actively at work on the effective date of coverage.)

Renville County Life Insurance Summary

EMPLOYEE AND SPOUSE LIFE INSURANCE

The County provides eligible employees with \$20,000 of Basic Life/AD&D coverage.

New employees electing coverage within 31 days from their date of hire may add up to \$100,000 Employee Life, \$25,000 Spouse Life and Child Life without health questions.

Benefit eligible employees may apply for additional life insurance for themselves and their spouse subject to proof of good health. Life insurance includes Accidental Death & Dismemberment. **Please complete the health questions when required. Forms and additional information may be found on the *HRconnection* website.**

Amounts of Insurance:	Employee- Up to \$500,000 in \$5,000 increments
	Spouse- Up to \$250,000 in \$5,000 increments

CHILD LIFE (\$1.30/month per family)

Term life insurance protecting your unmarried children for \$10,000 each is also available (Children must be under age 26). **Forms and additional information may be found on the *HRconnection* website.**

Rate calculations are based on the attained age as of the effective date. For those benefits subject to proof of good health, coverage will become effective upon approval. Employees must be actively at work on the effective date of coverage. **This information is a brief summary, please see your policy certificates or call Integrity Employee Benefits for more details.**

Still Have Questions?

Contact Andee Unruh
(320) 523-3710
Employment@renvillecountymn.gov



Renville
COUNTY
Service · Stewardship · Shared Responsibility

HRconnection-Benefit Resource Site

Online Resource that allows you to print applications to increase or decrease your benefits, use calculators to determine your financial need, watch videos explaining coverages and much more.

Direct Link: <https://www.hrconnection.com?u=RenvilleCounty>

Or

Go to: www.hrconnection.com/guestlogin.aspx

Guest Key: [RenvilleCounty](#)