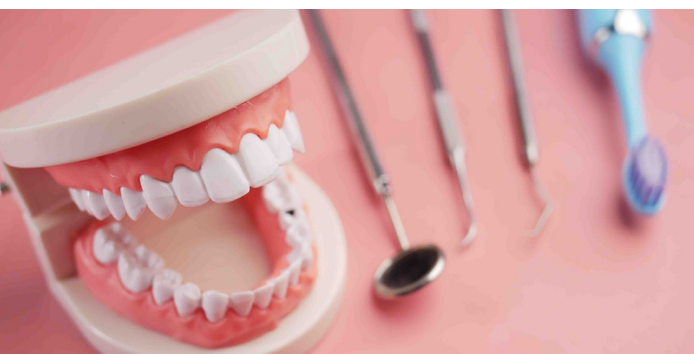




Renville
COUNTY
Service · Stewardship · Shared Responsibility



2025 Employee Benefits Enrollment Guide

Table of Contents

Renville County Summary of Benefits	3-6
BCBS \$4,125 Plan Coverage	7-8
BCBS \$5,000 Plan Coverage	9-10
BCBS \$7,070 Plan Coverage	11-12
BCBS \$7,070 Plan Coverage High Value Network (HVN).....	13-14
Blue Care Advisor.....	15-16
Life Insurance.....	17
Short Term Disability.....	18
Long Term Disability.....	19
Dental	20
Vision	21
Accident Insurance	22
Critical Illness and Hospital Insurance	23
Critical Illness Insurance Summary	24-28
Hospital Care Summary	29-31
WEX Health Savings Account (HSA)	32-33
Flexible Spending Account (FSA).....	34
VEBA.....	35
Dependent Care FSA.....	36
BCBS Perks.....	37-47
• Blue 365.....	37-38
• Doctor on Demand.....	39-40
• Wellness Portal	41
• Omada Diabetes Health	42-43
• Progyny Fertility Support.....	44
• EAP	45
• Hinge Health.....	46-47
Part Time Pro Rated Costs	48
Still Have Questions?	49

2025 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 four Blue Cross Blue Shield medical insurance plans. You can find more details here: <https://www.bluecrossmn.com/>. We are part of the Select Pharmacy Network, Aware Provider Network for three of our plans and the High Value Network for one plan.

Employees scheduled for 30-39 hrs/week have prorated medical insurance premiums. See page 50.

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 (\$4,125)	\$762.00	\$752.56	\$9.45	\$0.00	4 th quarter carryover option
H.S.A. Plan - Family (\$8,250)	\$2,148.00	\$1,552.40	\$595.61	\$100.00	
H.S.A. Plan - Single (\$5,000)	\$719.00	\$752.56	\$0.00	\$33.55	
H.S.A. Plan - Family (\$10,000)	\$2,025.00	\$1,552.40	\$472.61	\$100.00	
H.S.A. Plan - Single (\$7,070)	\$641.00	\$752.56	\$0.00	\$111.56	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)	\$1,798.00	\$1,552.40	\$245.61	\$100.00	
H.S.A. Plan - Single (\$7,070), High Value Network	\$583.00	\$752.56	\$0.00	\$169.56	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. This is High Value Network. Check providers for in/out of network coverage.
H.S.A. Plan - Family (\$14,140), High Value Network	\$1,630.00	\$1,552.40	\$77.60	\$100.00	



2025 Summary of Benefits

Life Insurance

The Hartford provider.

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

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. Rates are age banded, see page 17 for additional information.

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).

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 are age banded, see page 18 for details.

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 are age banded, see page 19 for details.

**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.*

Dental Insurance

MetLife

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

Accident Insurance

Employee paid. MetLife 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



2025 Summary of Benefits

Critical Illness Insurance

Employee paid. MetLife provider. Benefit amount: \$15,000 for employee, \$7,5000 for spouse, \$3,750 for child(ren). All coverage is guaranteed. Rates are age banded, see pages 24-29 for more details.

Hospital Care Insurance

Employee paid. MetLife provider.

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

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 in summary).

Single limit per year = \$4,300

Family limit per year = \$8,550

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)

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%
Correctional as of 7/1/2025	10.25%	6.83%

Deferred Compensation

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



2025 Summary of Benefits

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 in regular status (those who have completed probation) 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>

Better Health Collective - Renville County
Custom \$4,125-0% HSA
January 1, 2025

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 \$4,125 individual \$8,250 family	Medical and prescription combined \$7,000 individual \$14,000 family
Deductible Type	Embedded - 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.	
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 \$4,125 individual \$8,250 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
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

	In network*		Out of network**
	MN Network: Aware		
	National Network: BlueCard PPO		
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		
Durable Medical Equipment/Medical Supplies	Deductible then 0% coinsurance		Deductible then 50% coinsurance
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • 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
Prescription drugs – Select Network Retail (31-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand Specialty drug list <ul style="list-style-type: none"> • Specialty Preferred 90dayRx – Mail order pharmacy (90-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand 90dayRx – Retail pharmacy (90-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand 	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		No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Preventive Drug Benefit <ul style="list-style-type: none"> • Preferred Generic • Preferred Brand 	0% \$50 copay		0% \$50 copay
Important Information About Your Pharmacy Benefits	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. More information about prescription drug coverage is available at bluecrossmn.com .		

This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit bluecrossmn.com. Members can also call Blue Cross customer service at the number on the back of their member ID card.

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

Better Health Collective - Renville County
Custom \$5000-0% Aware HSA
January 1, 2025

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
Deductible Type	Embedded - 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.	
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 \$5,000 individual \$10,000 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
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
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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
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Preventive Drug Benefit <ul style="list-style-type: none"> • Preferred Generic • Preferred Brand 	0% \$50 copay		0% \$50 copay
Important Information About Your Pharmacy Benefits	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. More information about prescription drug coverage is available at bluecrossmn.com .		

This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit **bluecrossmn.com**. Members can also call Blue Cross customer service at the number on the back of their member ID card.

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Better Health Collective - Renville County
Custom \$7070-0% Aware HSA
January 1, 2025

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 \$7,070 individual \$14,140 family	Medical and prescription combined \$10,000 individual \$20,000 family
Deductible Type	Embedded - 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.	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 50% coinsurance
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Durable Medical Equipment/Medical Supplies	Deductible then 0% coinsurance		Deductible then 50% coinsurance
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Better Health Collective - Renville County
Custom \$7070-0% High Value Network HSA
January 1, 2025

Coinsurance reflects member responsibility

	In network* MN Network: High Value National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical and prescription combined \$7,070 individual \$14,140 family	Medical and prescription combined \$10,000 individual \$20,000 family
Deductible Type	Embedded - 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.	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 50% coinsurance
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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
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

	In network*		Out of network**
	MN Network: High Value National Network: BlueCard PPO		
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		
Durable Medical Equipment/Medical Supplies	Deductible then 0% coinsurance		Deductible then 50% coinsurance
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • 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
Prescription drugs – Select Network Retail (31-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand Specialty drug list <ul style="list-style-type: none"> • Specialty Preferred 90dayRx – Mail order pharmacy (90-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand 90dayRx – Retail pharmacy (90-day limit) Flex Rx preferred drug list <ul style="list-style-type: none"> • closed plan design • Preferred Generic • Preferred Brand 	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		No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Preventive Drug Benefit <ul style="list-style-type: none"> • Preferred Generic • Preferred Brand 	0% \$50 copay		0% \$50 copay
Important Information About Your Pharmacy Benefits	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. More information about prescription drug coverage is available at bluecrossmn.com .		

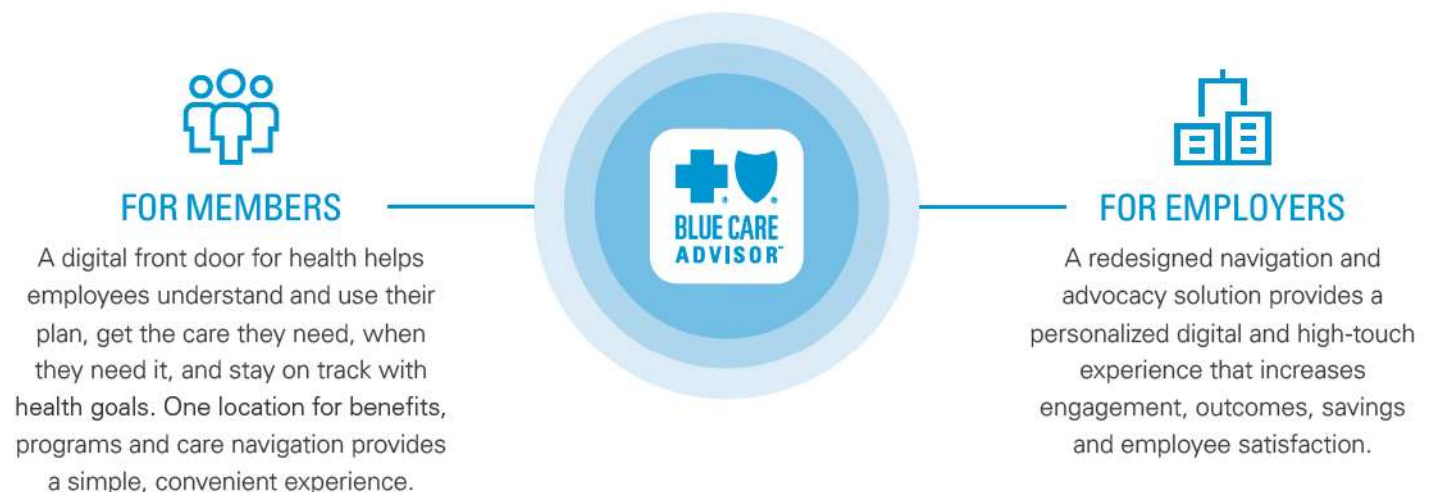
This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit **bluecrossmn.com**. Members can also call Blue Cross customer service at the number on the back of their member ID card.

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.





BLUE CARE ADVISORSM ESSENTIAL

Enhance employees' health and wellbeing with a personalized experience

Blue Care Advisor brings together health, wellbeing and navigation into one easy-to-use digital resource. Employees can easily navigate total benefits and get expert guidance to help them get the care they need to achieve better overall health.



CONNECT EVERYTHING EMPLOYEES NEED TO MANAGE HEALTHCARE

-  **Data-driven**
Predictive analytics, machine learning / artificial intelligence models and real-time recommendations
-  **Transparent**
Medical, pharmacy, dental comparison, spend management, provider quality ratings and plan design
-  **Engaging**
Fun, interactive challenges, personalized content, health assessment and incentives
-  **Connected**
Seamless connections to Blue Cross and Blue Shield of Minnesota benefits and programs



ESSENTIAL CAPABILITIES

Find a Doctor

Online tool helps members find in-network doctors, facilities, conditions, procedures and drugs, and to compare costs for different services and procedures.

Cost transparency

Precise data drives high-value care recommendations for medical, prescription, dental and behavioral health.

Health Assessment

NCQA certified health assessment powers a personalized experience that drives employees to act on their goals.

Activity incentive program

Rewards for meeting incremental step and step-equivalent tracking encourages regular physical activity.

Digital Front Door

Self-service digital tools connect employees to plan benefits and programs creating a clear path to using their healthcare.

Personalization

Robust data and analytics serves tailored recommendations across channels to deliver a hyper-personalized member experience.

Next Best Action

Powerful technology synthesizes data from historical claims, health risk assessment responses, health goals and digital engagement to deliver personalized opportunities to engage with health benefits.



QUESTIONS?

Contact your Blue Cross and Blue Shield of Minnesota account representative.

Employer sponsored benefit plans currently available for your consideration and enrollment:

<u>Life Insurance:</u>	\$500,000 for employees, \$250,000 for spouse & \$10,000 for children.
<u>Short Term Disability:</u>	Protect your income during the first 3 months of disability.
<u>Long Term Disability:</u>	Protect your income after 3 months of a disability.
<u>Dental Insurance:</u>	Protect you and your family and save money using pre-tax dollars.
<u>Vision Insurance:</u>	Save dollars on your vision care using pre-tax dollars.
<u>Group Accident Plan:</u>	<i>New Carrier, Enhancements Benefits!</i> Financial protection in case of a serious accident.
<u>Group Critical Illness:</u>	<i>New Carrier, Enhancements Benefits!</i> Financial protection in the case of a critical illness.
<u>Group Hospital Plan:</u>	<i>New Carrier, Enhancements Benefits!</i> Lump sum benefit if you go to the Hospital.

The following are brief benefit summaries. Please refer to the Certificates of Insurance for complete plan details.

BASIC LIFE INSURANCE

Benefit eligible employees have \$20,000 in Basic Life Insurance and Accidental Death and Dismemberment coverage.

EMPLOYEE AND SPOUSE LIFE INSURANCE

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

New hires-only can enroll in coverage up to the Guaranteed Issue amount without health history. Elections over the guaranteed issue amounts (\$100,000 for employee and \$25,000 for spouse) will require health history.

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

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 30	\$0.05
30 to 34	\$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 LIFE (\$1.30/month per family)

Term life insurance protecting your children for \$10,000 each is also available. (Children are eligible from live birth to age 26).

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 for 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

DENTAL INSURANCE: MetLife

Monthly Rates

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
X-rays	Xray's 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.

VISION INSURANCE

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

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

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 EYECARE SM	<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			

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

GROUP ACCIDENT INSURANCE – *New Carrier - MetLife*

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 - Depression	\$3,000	\$6,000	\$4,000	\$8,000
Hip or Thigh	\$3,000	\$6,000	\$4,000	\$8,000
Vertebrae or Pelvis	\$1,500	\$3,000	\$1,500	\$3,000
Upper Arm	\$750	\$1,500	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$750	\$1,500
Leg	\$1,500	\$3,000	\$1,500	\$3,000
Ankle	\$500	\$1,000	\$500	\$1,000
Kneecap	\$500	\$1,000	\$500	\$1,000
Lower Arm, Hand, Wrist	\$500	\$1,000	\$750	\$1,500
Foot	\$500	\$1,000	\$500	\$1,000
Finger or Toe	\$75	\$150	\$100	\$200
Upper Jaw	\$750	\$1,500	\$1,000	\$2,000
Lower Jaw	\$500	\$1,000	\$750	\$1,500
Bones of Face or Nose	\$750	\$1,500	\$1,000	\$2,000
Vertebral Processes	\$500	\$1,000	\$500	\$1,000
Rib	\$500	\$1,000	\$750	\$1,500

Dislocations				
Hip Joint	\$3,000	\$6,000	\$4,000	\$8,000
Knee Joint	\$1,500	\$3,000	\$2,000	\$4,000
Bones of Foot, Ankle	\$750	\$1,500	\$750	\$1,500
Rib	\$500	\$1,000	\$750	\$1,500
Wrist	\$500	\$1,000	\$750	\$1,500
Elbow	\$500	\$1,000	\$750	\$1,500
Shoulder	\$500	\$1,000	\$750	\$1,500
Hand	\$500	\$1,000	\$750	\$1,500
Collarbone	\$500	\$1,000	\$750	\$1,500
Lower Jaw	\$500	\$1,000	\$750	\$1,500
Finger or Toe	\$75	\$150	\$100	\$200

Chip fractures are 25% of benefit amount. If more than 1 bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit. Partial Dislocations are 25% of benefit amount.

	Low Plan	High Plan
Initial Care and Emergency Care		
Emergency Care Treatment	\$100	\$150
Physician Office Visit	\$50	\$75
Diagnostic Exam	\$125	\$150
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,000	\$1,000

Hospital Care		
Hospital Admission	\$750	\$1,500
Hospital Stay	\$100 per day	\$300 per day
Intensive Care Unit Stay	\$100 per day	\$300 per day

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

*Limit of 10 treatments per Accident

Additional Benefits for:		
Accidental Death	EE \$25K; SP \$12.5K; CH \$5K	
Accidental Death - Common Carrier	EE \$75K; SP \$37.5K; CH \$15K	
Dismemberment	See benefit schedule: up to \$10K	
Catastrophic Dismemberment	See benefit schedule: up to \$20K	
Paralysis	See benefit schedule: up to \$20K	
Abdominal or Thoracic Surgery	\$1,250	\$1,500
Ruptured Disc Surgery	\$625	\$750
Other Surgery	See benefit schedule: up to \$1,500	
Eye Injury	\$250	\$300
Laceration Benefit	See benefit schedule: up to \$400	
Emergency Dental - Crown/Extraction	\$150/\$100	\$200/\$150

Note: additional benefits exist (this is not the complete list)

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 \$750 for the dislocation. Additionally, there would likely be an ER visit in this situation (\$150 on the High Plan), and an X-Ray (\$150), for a total payout of \$3,050. Furthermore, the individual would qualify for the Follow-Up Care benefit, which is an additional \$100 per visit to their Physician’s Office or \$100 per visit for Physical Therapy (limited to 10 treatments per accident).

GROUP CRITICAL ILLNESS INSURANCE - *New Carrier - MetLife*

Met Life'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).
- 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 – New Carrier: *MetLife*

Met Life'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 ICU Stay - Supplemental	\$100	
No elimination period. Limited to 1 day, 1 benefit every 90 days. <i>To qualify, you must be:</i> 1) Admitted to the hospital as an in-patient. 2) Or held in observation for 20 or more hours		No elimination period. Limited to 60 days, 1 benefit every 90 days. (Pays in addition to Hosp stay)		Employee Only \$19.78
		Inpatient Rehabilitation	\$50	Employee + Spouse \$40.87
		No elimination period. Limited to 15 days, 1 benefit every 90 days.		Employee + Child(ren) \$35.30
Hospital Stay	\$100	Nursing Care / Home Care	\$100	Family \$56.39
No elimination period. Limited to 60 days, 1 benefit every 90 days.		Limited to 10 days/calendar; 20 days/lifetime.		
			
		Newborn Confinement	\$100	

Rates and open amounts of coverage are effective January 1, 2025. 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.)

Group Critical Illness Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Critical Illness Insurance as part of our robust portfolio of voluntary products. Critical Illness Insurance provides features that could be valuable to your employees, including:

- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.¹

MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Plan Design	
Underwriting Offer	<p>Guaranteed Issue</p> <p>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.</p>
Benefit Amount	<p>Employee: \$15,000</p> <p>Spouse: \$7,500</p> <p>Child: \$3,750</p> <p>Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.</p>
Recurrence Benefit	<p>Included. A benefit is payable for a subsequent occurrence of some covered conditions. Refer to the Plan Design – Covered Conditions table in this Cost & Benefit Summary for the eligible conditions and amount payable.</p> <p>The Recurrence Benefit is payable 1 time per covered condition per covered person.</p>
Total Benefit Amount	<p>There is no Total Benefit Amount cap included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person per lifetime for the covered conditions.</p>
Category Limits	<p>There are no Category Limits included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person for all conditions under an applicable covered condition category.</p>
Initial Benefit Separation Period	<p>An Initial Benefit is not payable for a covered condition that occurs within 30 days of an occurrence of a different covered condition.</p>

¹Discounts or services may not be available in all states.

Recurrence Benefit Separation Period	A Recurrence Benefit is not payable for a covered condition which occurs again within 365 days of the original occurrence.
Treatment-Free Period	<p>We will not pay a Recurrence Benefit unless the covered person has not been treated or had symptoms for at least:</p> <p>365 days for a Cancer covered condition.</p> <p>365 days for a Benign Tumor condition.</p>
Pre-Existing Condition Limitation	A Pre-Existing Condition Limitation is not included. Benefits are payable for a covered condition, so long as it occurs on or after the coverage effective date, even if it results from a pre-existing condition. "Pre-existing condition" refers to a sickness or injury for which medical advice or care was sought prior to the coverage effective date.
Benefit Reduction Due to Age	Not Included.
Portability (Continuation of Coverage)	<p>"Portability" is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.</p> <p>Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.</p>

Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	50% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	25% of Benefit Amount	50% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	25% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Sepsis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		

ALS	25% of Benefit Amount	NONE
Alzheimer's Disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Plan Design – Supplemental Benefits

Health Screening Benefit

Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Benefit Amount

- \$75

Times Payable per Calendar Year

- 1 time per Employee
- 1 time per Spouse/Domestic Partner
- 1 time per Dependent Child

Eligible Screening/Prevention Measures

routine health check-up exam	fasting blood glucose test
biopsies for cancer	fasting plasma glucose test
blood chemistry panel	flexible sigmoidoscopy
blood test to determine total cholesterol	hearing test
blood test to determine triglycerides	hemoccult stool specimen
bone marrow testing	hemoglobin A1C
breast MRI	human papillomavirus (HPV) vaccination
breast ultrasound	immunization
breast sonogram	lipid panel
cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram
cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening
carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
carotid doppler	prostate-specific antigen (PSA) test
chest x-rays	serum cholesterol test to determine LDL and HDL levels
clinical testicular exam	serum protein electrophoresis
colonoscopy	skin cancer biopsy
complete blood count (CBC)	skin cancer screening
coronavirus testing	skin exam
dental exam	stress test on bicycle or treadmill
digital rectal exam (DRE)	successful completion of smoking cessation program
Doppler screening for cancer	tests for sexually transmitted infections (STIs)
Doppler screening for peripheral vascular disease	thermography
echocardiogram	two-hour post-load plasma glucose test
electrocardiogram (EKG)	ultrasounds for cancer detection
electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
endoscopy	virtual colonoscopy
eye exams	

Critical Illness: Monthly Premium Rates

Age	Employee	Employee & Spouse	Employee & Child(ren)	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 Indemnity Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our group Hospital Indemnity Insurance as part of our voluntary products portfolio. Hospital Indemnity Insurance provides features that could be valuable to your employees, including:

- ✓ Benefits available due to hospitalization and associated treatment¹;
- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes;
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.²

MetLife Hospital Indemnity Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	4 time(s) per calendar year ¹	Admission ²	\$1,000
Confinement Benefit	60 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 60 of those days	Confinement ⁴	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100
Confinement Benefit for Newborn Nursery Care	1 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$100
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$50
Additional Care Benefits			
Ambulance Benefit	1 time(s) per calendar year	Ground Ambulance Transport	\$25
Nursing Care*	10 days per calendar year	Nursing Care Facility	\$100
	20 days per lifetime	Home Care	\$100
Other Benefits			
Health Screening Benefit ⁷	1 time(s) per calendar year per covered person	Health Screening	\$50

¹ Availability of certain benefits is subject to state variations and customer plan design.

² Discounts or services may not be available in all states.

Plan Design ³	
Coverage Type	Hospitalization Reason – Accident: 24 Hour coverage Hospitalization Reason – Sickness: 24 Hour Coverage
Benefit Amount	Employees will select a single plan of coverage on a Guaranteed Issue basis.
Underwriting Offer	Guaranteed Issue ⁴ Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Waiting Period for Sickness - Hospital Admission and Confinement Benefits	None
Pre-Existing Condition Limitation	Not Included.
Complications of Pregnancy	Complications of pregnancy and emergency Cesarean section are covered.
Routine Childbirth⁵	Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
Elimination Period for Routine Childbirth	Not Included.
Mental Illness	Treatment for mental illness in a hospital or in an inpatient rehabilitation facility without prior hospitalization is covered.
Drugs & Alcohol	Treatment for alcoholism and drug addiction in a hospital or in an inpatient rehabilitation facility without prior hospitalization is covered. Injury or illness resulting from drug and alcohol misuse is covered, except driving under the influence.
Benefit Reduction Due to Age	Not Included.
Portability (continuation of insurance with premium payment)⁷	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

³ Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

⁵ Benefits are not payable for the period of pregnancy prior to childbirth where there are no complications (referred to as “Routine Pregnancy” in the Certificate). Complications of Pregnancy are covered.

⁷ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Group Hospital Rates

Type	Monthly (12)
Employee Only	\$19.78
Employee + Spouse	\$40.87
Employee + Children	\$35.30
Employee + Family	\$56.39

Other Benefits

Health Screening Benefit

Paid one time per calendar year.

The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.

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

	2025 Limits
Single	\$4,300
Family	\$8,550
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 VBAs

- › 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

Dependent Care Flexible Spending Account (FSA)

Welcome to your dependent care flexible spending account (FSA), brought to you by Minnesota Healthcare Consortium (MHC) and administered by WEX Health, Inc. (WEX).



All you need is just a tap, click, call, or swipe away. And if you have questions or need more information about your dependent care FSA, our expert customer service team is ready to help.

Introducing the dependent care FSA

This type of FSA helps participants save money on eligible dependent care services, such as child (up to age 13) or adult daycare, before or after school programs, and summer day camp.

Who qualifies?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

What's covered by your dependent care FSA:

- Child care center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

Common ineligible expenses include:

- Activity fees
- Educational/tuition expenses
- Overnight camps
- The IRS requires you to save all your receipts to validate expenses.

After selecting a dependent care FSA at open enrollment

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

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 to speak with one of our specially trained FSA customer service representatives.



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MN

WELLNESS DISCOUNT MARKETPLACE

HEALTHIER LIVING IS JUST A DEAL AWAY

Get discounts, products and services that complement your health

Blue365®

SAVE WHEN YOU SHOP BLUE365®

Exclusively for you, as part of your Blue Cross and Blue Shield of Minnesota health plan.

GET DISCOUNTS ON PRODUCTS AND SERVICES THAT HELP YOU LIVE A HEALTHIER LIFE

With Blue365, you get great deals on products and services that complement your health. Save on personal care, fitness gear, hearing and vision, healthy meal kits and more.

It just takes a couple minutes to register and you can start shopping for things like:

- 20 percent off at Reebok.com
- Discounts on Jenny Craig or Nutrisystem
- \$29 a month gym membership
- Up to 40 percent off contact lenses
- Up to 20 percent off hotels
- 50 percent off vitamins and supplements
- And more



do.® more for your health

Join **Blue365** and start saving today!

TAKE ADVANTAGE OF BLUE365

Visit blue365deals.com/bcbsmn to register and have your Blue Cross member ID card handy. Then watch for the weekly deal to arrive in your inbox.

do.® is a registered trademark of Blue Cross® and Blue Shield® of Minnesota.

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To find out what is covered under your policies, contact your local Blue Company. The products and services described on the site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or site.



do[®]



MN

ONLINE CARE

SEE THE DOCTOR WITHOUT LEAVING HOME

All you need is a smartphone, tablet or computer to get quick, convenient care with Doctor On Demand[®].

dr. on demand

GET CARE FROM THE COMFORT OF HOME

With Doctor On Demand, video visits can be done in just minutes — with no travel time. It's quick, it's convenient and it saves you money.

Board-certified doctors are available 24/7, 365 days a year to treat many common medical conditions. You also can schedule next-day appointments to see licensed psychologists and psychiatrists between the hours of 7 a.m. to 10 p.m., local time.

GET QUICK CARE

Doctor On Demand is just a phone call away to get the care you need for your physical and mental health.

- Cold and flu
- Sinus infections
- Nausea and vomiting
- Asthma
- Allergies and rashes
- Urinary tract infections
- Headaches and migraines
- Stress anxiety
- Insomnia
- Depression and mood swings
- Trauma and loss

do.® more for your health

To learn more, or to sign up now, visit
doctorondemand.com/bluecrossmn.

Wellness Portal



HealthSource
Solutions

WHAT YOUR EMPLOYEES WILL LOVE:

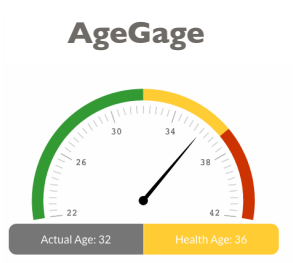
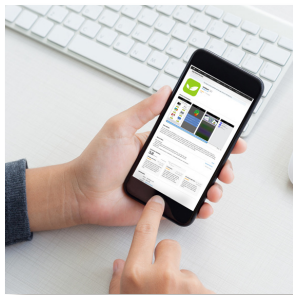
- 400+ Individual and Team Challenges
- Mobile App
- Text Tracking and Reminders
- Fitness Device and App Integration
- Mobile App
- Up to \$250 Annual Reward
- 100 Health Education Video Courses
- Fun Social Connectivity
(leader boards, team challenges, message boards
and peer-to-peer challenges)

*“I’ve gotten
so many
compliments
from employees
around the
diversity of the
challenges and
ways to track.”*

— Julie B.
Wellness Program Manager

SUPPORTING YOUR PROGRAM GOALS AND OBJECTIVES:

- Year-Round Portal Management
and Reporting
- Personalized Home Page and Challenges
- Annual Grant Funding Opportunities
- Personalized Communications
- Health Assessment with Year-Over-Year
Aggregate
- Biometric Integration



CLICK OR SCAN



101 Challenges



102 Challenges

Page 41



DIABETES MANAGEMENT

TAKE CHARGE OF DIABETES

Control diabetes, so it doesn't control you

One in 10 Americans has diabetes,¹ but for people living with the disease, it can feel like you're all alone. Now there's a program that gives you the support you need.

The Diabetes Management program by Omada is a personalized digital care program that gives you the support and tools you need to manage your diabetes and reach your health goals. You'll have access to a Certified Diabetes Care and Education Specialist (CDCES) to answer your questions and offer guidance between doctor visits. Along with remote blood glucose monitoring, you'll have someone trained in diabetes management interpreting your data and giving you information you can act on. In addition, your CDCES will:

- Offer support toward making small, achievable lifestyle changes to lose weight and keep it off
- Help determine the right timing for primary care provider (PCP) visits to address your treatment plan
- Alert you to trends in your levels and alert you immediately of dangerous values. You'll also receive a follow-up to help identify the cause and create a plan to avoid future occurrences.
- Provide recommendations for screenings and preventive services to help avoid complications from related conditions
- Address issues or concerns you have with your medications, as well as ensure regular PCP visits for adjustments

You'll also have access to an online peer group for ongoing encouragement and weekly lessons to help you understand diabetes and how to manage it. Topics cover disease self-management education (DSME) and include benefits of blood glucose monitoring, preventing diabetes complications, managing sick days and more.

The program is tailored to your individual care plan and health goals. There's no additional cost for qualified individuals and it only takes about 10 minutes to fill out the application. Look for an email invitation to join within two days after submitting your application.



Diabetes management with Omada can help you:

- Achieve your target blood glucose levels
- Stay on top of critical screenings
- Overcome challenges with medications
- Understand blood glucose readings and trends
- Prevent complications
- Lose weight and improve your overall health

LEARN MORE

Visit omadahealth.com/bcbsmn2 today.

¹The National Diabetes Statistics Report, 2020.

Your Fertility and Family Building Benefit

Provided by: Better Health Collective | Sourcewell



Comprehensive Coverage

Fertility treatment and family-building services for every unique path to parenthood.



Personalized Support

Unlimited clinical and emotional support from a dedicated Patient Care Advocate (PCA).



High Quality Care

Convenient access to a network of top fertility specialists across the US.

Your Progyny benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. Whether you just want to learn more about your options, are trying to conceive, or exploring fertility treatment, Progyny is here to support you each step of the way. The Progyny Smart Cycle covers all the individual services, tests, and treatments you may need. Progyny removes barriers to care so you and your doctor can create the customized treatment plan that is best for you.

Your Progyny coverage includes:

1 Smart Cycle*

Progyny Rx Integrated fertility medication coverage

Fertility Preservation Egg and sperm freezing coverage**

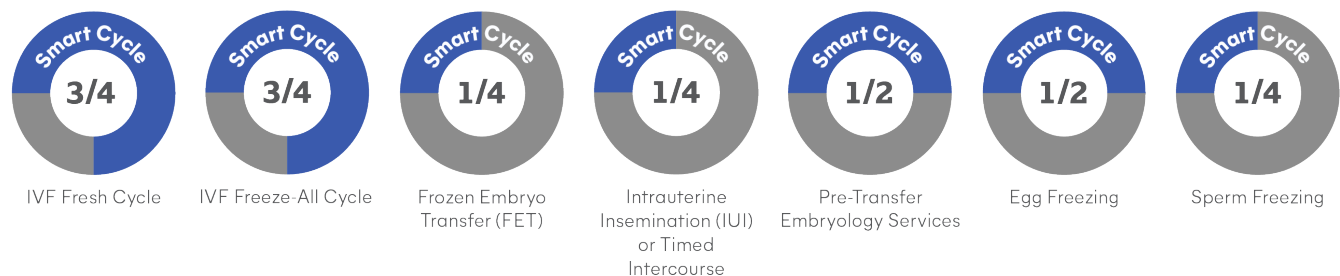
Donor Tissue Purchase Egg and sperm tissue purchase coverage

Note: The person(s) receiving fertility treatment must be enrolled in an eligible medical plan through Better Health Collective | Sourcewell to have access to the Progyny benefit. You are subject to financial responsibility according to your plan. Please consult with your human resources department to confirm your eligibility.

*You have access to an additional Smart Cycle if your first is not successful.

**When medically necessary.

Common ways to use a Smart Cycle:



To learn more and activate your benefit, call: 833.208.8447



Welcome to your EAP.

Feel supported and connected with a confidential Employee Assistance Program (EAP) and innovative wellbeing resource. Life can be complicated. Get help with all of life's questions, issues and concerns with TELUS Health. Any time, 24/7, 365 days a year. We offer support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to TELUS Health for a confidential service that you can trust.



Life

- Retirement
- Midlife
- Student life
- Legal
- Relationships
- Disabilities
- Crisis
- Personal issues



Family

- Parenting
- Couples
- Separation/divorce
- Older relatives
- Adoption
- Death/loss
- Child care
- Education



Health

- Mental health
- Addictions
- Fitness
- Managing stress
- Nutrition
- Sleep
- Smoking cessation
- Alternative health



Work

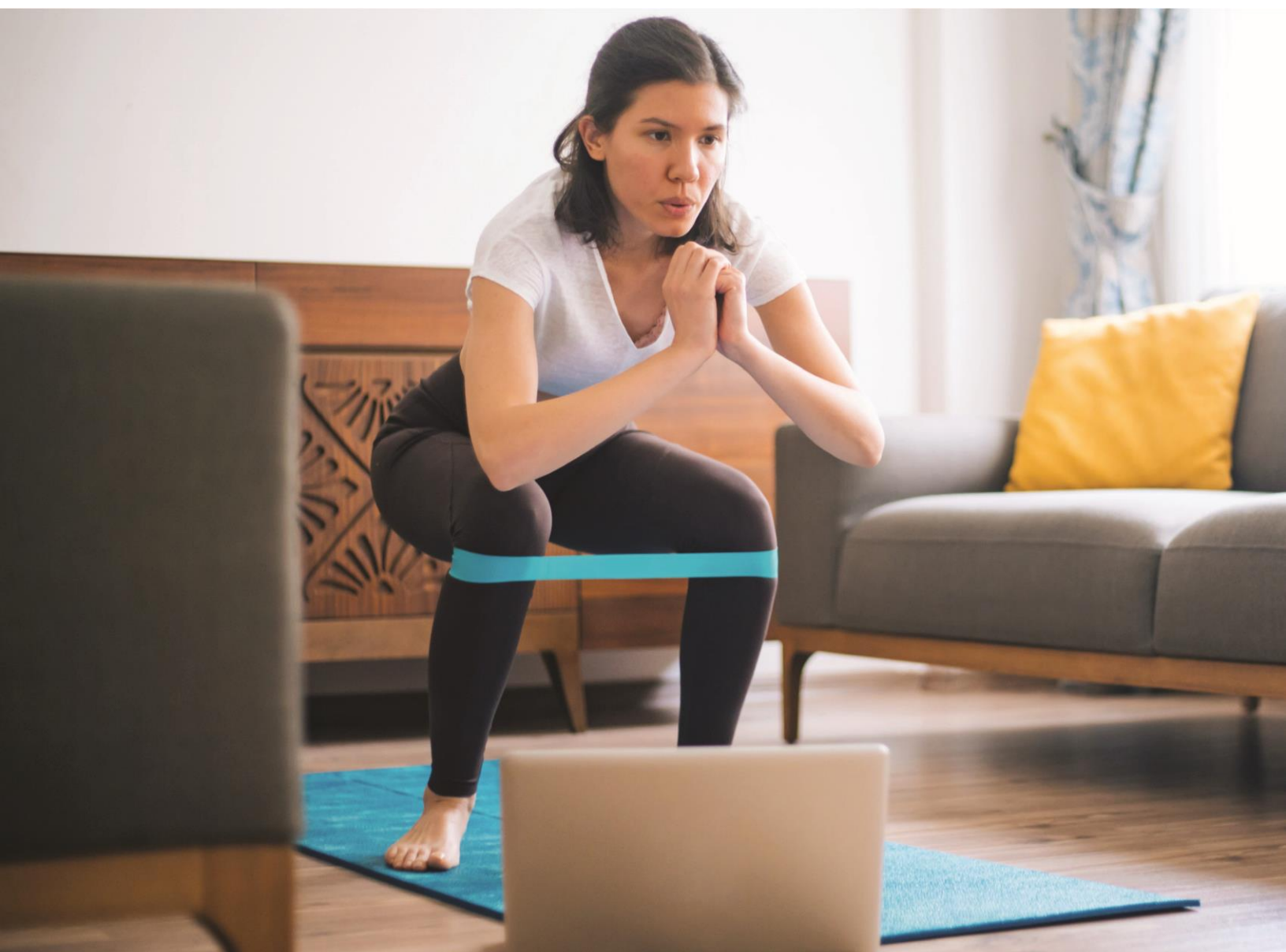
- Time management
- Career development
- Work relationships
- Work stress
- Managing people
- Shift work
- Coping with change
- Communication



Money

- Saving
- Investing
- Budgeting
- Managing debt
- Home buying
- Renting
- Estate planning
- Bankruptcy





 GUIDED VIRTUAL EXERCISE THERAPY

GET RELIEF FROM ACHES AND PAINS

Reduce your pain and increase flexibility and strength —
at no additional cost to you

Tired of being sore and tired?

If you're struggling with joint or muscle pain, get relief with guided virtual exercise therapy.

Hinge Health is a digital exercise therapy program you can do anywhere, anytime through a convenient app. It's a part of your health plan, so there is no additional cost to you.

No appointments. No copays.

You'll be matched with a personal physical therapist and get everything you need to get started, including:

- Unlimited virtual exercise therapy sessions
- Personalized sessions that address your specific pain, which take as little as 15 minutes
- Wearable sensors that track your movements for instant feedback on your form
- One-on-one health coaching via text, email or telephone to help tailor the program for your needs

Whether you experience the occasional dull ache or frequent sharp pain, or have had an injury, past or present, Hinge Health can provide expert support tailored to your specific job and lifestyle so you can live with less pain. To learn more, visit hinge.health/bcbsmnem



67% of participants avoid surgery

- Increase range of motion
- Recover from injury
- Conquer pain

ENROLL NOW

Call 1-855-902-2777 or visit hinge.health/bcbsmnem to get started today.

Net Promoter Score/Member Satisfaction, 6 & 12 Week Outcome reports. Data for all client groups from 1/1/2022 – 12/31/2022, pulled 5/23/2023.

JF Bailey, et al, "Digital Care for Chronic Musculoskeletal Pain," Journal of Medical Internet Research, May 2020. (N=10,264) jmir.org/2020/5/e18250/

Hinge Health two-year comparison study, 2021.

Participants must be 18 or older and enrolled in their employer's Blue Cross and Blue Shield of Minnesota health plan.

2025 Monthly Medical Insurance Premiums

Scheduled work hours per week	BCBS (Sourcewell)									
	Family					Single				
	Premium	Employer Share	Employee Share	Per Pay Period ¹	Monthly Employer Contribution to HSA or VEBA	Premium	Employer Share	Employee Share	Per Pay Period ¹	Monthly Employer Contribution to HSA or VEBA
HSA \$4,125/\$8,250²	HEALTH SAVINGS ACCOUNT (HSA) PLAN (\$4,125/\$8,250)									
100% (40 hrs/week)	\$2,148.00	\$1,552.40	\$595.61	\$297.80	\$100.00	\$762.00	\$752.56	\$9.45	\$4.72	\$0.00
90% (36 hrs/week)	\$2,148.00	\$1,397.17	\$750.83	\$375.42	\$100.00	\$762.00	\$677.30	\$84.70	\$42.35	\$0.00
80% (32 hrs/week)	\$2,148.00	\$1,241.92	\$906.08	\$453.04	\$100.00	\$762.00	\$602.05	\$159.95	\$79.98	\$0.00
75% (30 hrs/week)	\$2,148.00	\$1,164.30	\$983.70	\$491.85	\$100.00	\$762.00	\$564.43	\$197.57	\$98.79	\$0.00
Dual Spouse ⁴	\$2,148.00	\$1,752.40	\$395.60	\$197.80	\$100.00	NA	NA	NA	NA	NA
HSA \$5,000/\$10,000	HEALTH SAVINGS ACCOUNT (HSA) PLAN (\$5,000/\$10,000)									
100% (40 hrs/week)	\$2,025.00	\$1,552.40	\$472.61	\$236.30	\$100.00	\$719.00	\$752.56	\$0.00	\$0.00	\$33.55
90% (36 hrs/week)	\$2,025.00	\$1,397.16	\$627.84	\$313.92	\$100.00	\$719.00	\$677.31	\$41.69	\$20.85	\$0.00
80% (32 hrs/week)	\$2,025.00	\$1,241.92	\$783.08	\$391.54	\$100.00	\$719.00	\$602.05	\$116.95	\$58.48	\$0.00
75% (30 hrs/week)	\$2,025.00	\$1,164.30	\$860.70	\$430.35	\$100.00	\$719.00	\$564.43	\$154.57	\$77.29	\$0.00
Dual Spouse ⁴	\$2,025.00	\$1,752.40	\$272.61	\$136.30	\$100.00	NA	NA	NA	NA	NA
HSA \$7,070/\$14,140	HEALTH SAVINGS ACCOUNT (HSA) PLAN (\$7,070/\$14,140)									
100% (40 hrs/week)	\$1,798.00	\$1,552.40	\$245.61	\$122.80	\$100.00	\$641.00	\$752.56	\$0.00	\$0.00	\$111.56
90% (36 hrs/week)	\$1,798.00	\$1,397.17	\$400.83	\$200.42	\$100.00	\$641.00	\$677.30	\$0.00	\$0.00	\$36.30
80% (32 hrs/week)	\$1,798.00	\$1,241.92	\$556.08	\$278.04	\$100.00	\$641.00	\$602.05	\$38.95	\$19.48	\$0.00
75% (30 hrs/week)	\$1,798.00	\$1,164.30	\$633.70	\$316.85	\$100.00	\$641.00	\$564.43	\$76.57	\$38.29	\$0.00
Dual Spouse ⁴	\$1,798.00	\$1,752.40	\$45.61	\$22.80	\$100.00	NA	NA	NA	NA	NA
HSA \$7,070/\$14,140 HVN³	HEALTH SAVINGS ACCOUNT (HSA) PLAN (\$7,070/\$14,140) with High Value Network (HVN)									
100% (40 hrs/week)	\$1,630.00	\$1,552.40	\$77.60	\$38.80	\$100.00	\$583.00	\$752.56	\$0.00	\$0.00	\$169.56
90% (36 hrs/week)	\$1,630.00	\$1,397.17	\$232.83	\$116.42	\$100.00	\$583.00	\$677.30	\$0.00	\$0.00	\$94.30
80% (32 hrs/week)	\$1,630.00	\$1,241.92	\$388.08	\$194.04	\$100.00	\$583.00	\$602.06	\$0.00	\$0.00	\$19.06
75% (30 hrs/week)	\$1,630.00	\$1,164.30	\$465.70	\$232.85	\$100.00	\$583.00	\$564.43	\$18.57	\$9.29	\$0.00
Dual Spouse ⁴	\$1,630.00	\$1,752.40	\$0.00	\$0.00	\$222.40	NA	NA	NA	NA	NA

¹ Pay period rates are based on 24 pay periods in the year (the first two each month)

² This is the plan we use for calculation of premium change split. The \$4k/\$8k plan in 2024 has been "indexed" for IRS purposes due to the 4th quarter carryover to \$4,125/\$8,250

³ This plan has a limited network of in-network providers (e.g., it does not include Mayo or any HealthPartners providers)

⁴ Married insurance-eligible spouses are eligible for an additional \$200/month contribution towards the cost of medical insurance when one spouse elects family coverage and the other waives coverage.

Still Have Questions?

Contact Andee Unruh
(320) 523-3693
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](#)