



Renville
COUNTY
Service • Stewardship • Shared Responsibility



2026 Employee Benefits Enrollment Guide

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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 after your start date.** 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 40.

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
Smart Plan 3 - \$3,400 Single	\$848.00	\$795.56	\$52.44	\$0.00	
Smart Plan 3 - \$6,800 Family	\$2,358.00	\$1,657.40	\$700.60	\$100.00	
Smart Plan 5 - \$4,400 Single	\$795.00	\$795.56	\$0.00	\$0.56	
Smart Plan 5 - \$8,800 Family	\$2,205.00	\$1,657.40	\$547.60	\$100.00	
Smart Plan 8 - \$8,500 Single	\$653.00	\$795.56	\$0.00	\$142.56	*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.
Smart Plan 8 - \$17,000 Family	\$1,793.00	\$1,657.40	\$135.60	\$100.00	
Smart Plan 8 - \$8,500 Single High Value Network	\$602.00	\$795.56	\$0.00	\$193.56	*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.
Smart Plan 8 - \$17,000 Family High Value Network	\$1,646.00	\$1,657.40	\$0.00	\$111.40	

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. New 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 15 for additional information.

Children/Child 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: Metlife Provider. The Benefits cover 70% of weekly earnings, to a maximum of \$2,500 weekly benefit. STD Benefits are reduced by PFML Benefits. If PFML benefits are sufficient for your income, you may not need to take Voluntary STD coverage. Rates are age banded. See page 16 for more information.

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 17 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 \$37.50 per month.

Price per month:	Employee: \$0	Employee + 1: \$41.80	Family: \$87.48
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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



Critical Illness Insurance

Employee paid. MetLife provider. Benefit amount: \$15,000 for employee, \$7,500 for spouse, \$3,750 for child(ren). All coverage is guaranteed. Rates are age banded, see pages 21 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 = \$4,400

Family limit per year = \$8,750

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 \$7,500 per year per family (\$3,750 if married and filing separately)

Paid Time Off:

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

Sick Time – 12 days earned per year

Paid Holidays – 11 to 12 paid Holidays per year

**One 8 hr floating holiday per eligible employee per year.*

Public Employees Retirement Association - PERA

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

Contributions Per Plan

	<u>Employer</u>	<u>Employee</u>
Coordinated	7.5%	6.5%
Patrol	17.7%	11.8%
Correctional	10.25%	6.83%

Deferred Compensation

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



Continuing Education Reimbursement Program

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

Volunteer Service Program

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

Flexible Schedule/Remote Work

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

Bereavement

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

Comp Time Availability

Employees may have the option to take comp time in lieu of overtime payments. After comp time is earned, it may be used in place of vacation in future pay periods.
Exempt employees may earn comp time at 1:1 ratio.

MN Paid Family Leave

MNPFML will be administered via Metlife.

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, 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 Smart Plan SHSA3 Aware



Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
What you will pay	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
Your deductible The amount you pay per Calendar-year before your health plan starts to pay. In and Out of Network deductible cross apply.	Medical & Rx Combined \$3,400 individual \$6,800 family	Medical & Rx Combined \$6,800 individual \$13,600 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	0%	20%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. In and Out of Network Out of Pocket Maximums cross apply.	Medical & Rx Combined \$3,400 individual \$6,800 family	Medical & Rx Combined \$10,200 individual \$20,400 family
Preventive care • 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% 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • specialist office and outpatient lab services • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • surgery and anesthesia • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
Durable Medical Equipment	0% after the deductible	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand Specialty drug list • Specialty preferred • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage
Preventive drug benefit • 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 . Medicare Part D Creditability: Creditable	

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 Smart Plan SHSA5 Aware



Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
What you will pay	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
Your deductible The amount you pay per Calendar-year before your health plan starts to pay. In and Out of Network deductible cross apply.	Medical & Rx Combined \$4,400 individual \$8,800 family	Medical & Rx Combined \$8,800 individual \$17,600 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	0%	20%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. In and Out of Network Out of Pocket Maximums cross apply.	Medical & Rx Combined \$4,400 individual \$8,800 family	Medical & Rx Combined \$13,200 individual \$26,400 family
Preventive care • 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% 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • specialist office and outpatient lab services • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • surgery and anesthesia • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	
Durable Medical Equipment	0% after the deductible	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • Specialty drug list • Specialty preferred • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage
Preventive drug benefit • 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 . Medicare Part D Creditability: Creditable	

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 Smart Plan SHSA8 Aware



Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
What you will pay	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
Your deductible The amount you pay per Calendar-year before your health plan starts to pay. In and Out of Network deductible cross apply.	Medical & Rx Combined \$8,500 individual \$17,000 family	Medical & Rx Combined \$17,000 individual \$34,000 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	0%	20%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. In and Out of Network Out of Pocket Maximums cross apply.	Medical & Rx Combined \$8,500 individual \$17,000 family	Medical & Rx Combined \$25,500 individual \$51,000 family
Preventive care • 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% 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • specialist office and outpatient lab services • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • surgery and anesthesia • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	

Key Benefits	In network* MN Network: Aware National Network: Bluecard PPO	Out of network**
Durable Medical Equipment	0% after the deductible	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand Specialty drug list • Specialty preferred • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage
Preventive drug benefit • 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 . Medicare Part D Creditability: Not creditable	

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Better Health Collective Smart Plan SHSB8 High Value

Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: High Value National Network: Bluecard PPO	Out of network**
What you will pay	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
Your deductible The amount you pay per Calendar-year before your health plan starts to pay. In and Out of Network deductible cross apply.	Medical & Rx Combined \$8,500 individual \$17,000 family	Medical & Rx Combined \$17,000 individual \$34,000 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	0%	20%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. In and Out of Network Out of Pocket Maximums cross apply.	Medical & Rx Combined \$8,500 individual \$17,000 family	Medical & Rx Combined \$25,500 individual \$51,000 family
Preventive care • 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% 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • specialist office and outpatient lab services • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • surgery and anesthesia • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	

Key Benefits	In network* MN Network: High Value National Network: Bluecard PPO	Out of network**
Durable Medical Equipment	0% after the deductible	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • Specialty drug list • Specialty preferred • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage
Preventive drug benefit • 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 . Medicare Part D Creditability: Not creditable	

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.

Ancillary benefits provide by Integrity Benefits

PFML | Dental | Disability | Life Insurance | Vision | CI/Accident/Hospital

BASIC LIFE INSURANCE

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

CHILD LIFE (\$1.30/month)

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

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

SHORT TERM DISABILITY

- Voluntary - Employee Paid
- The Benefits cover 70% of weekly earnings, to a maximum of \$2,500 weekly benefit
 - **Key Point! STD Benefits are reduced by PFML Benefits.** If PFML benefits are sufficient for your income, you may not need to take Voluntary STD coverage. Please refer to the MN PFML information to determine what benefit amounts are payable under that mandatory statutory leave program.
- Short Term Disability Benefits plus Sick Leave/Vacation Pay can equal up to 100% of your pre-disability earnings. See Personnel Policy for more rules on using Time Off with Short Term Disability.
 - Time Off amounts that result in excess of 100% of pre-disability earnings will reduce the weekly Short Term Disability benefit by the excess amount.
- Protect your income for the first 3 months of a disability with Short Term Disability insurance.
- Benefits begin on the 8th day of an injury or 8th day of a sickness and can be payable up to 12 weeks.
- **OPEN ENROLLMENT – Employees may sign up or increase without providing proof of good health.**
- **The amount of benefit is subject to the normal 3 month / 12 month pre-existing condition limitation.**
- **Forms and additional information may be found on the *HRconnection* website.**

		Monthly Premium Cost								
		Age on January 1								
If your annual income is	Your weekly benefit is	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$7,429	\$100	\$1.00	\$1.10	\$1.00	\$1.10	\$1.30	\$1.70	\$2.00	\$2.40	\$2.80
\$14,857	\$200	\$2.00	\$2.20	\$2.00	\$2.20	\$2.60	\$3.40	\$4.00	\$4.80	\$5.60
\$22,286	\$300	\$3.00	\$3.30	\$3.00	\$3.30	\$3.90	\$5.10	\$6.00	\$7.20	\$8.40
\$29,714	\$400	\$4.00	\$4.40	\$4.00	\$4.40	\$5.20	\$6.80	\$8.00	\$9.60	\$11.20
\$37,143	\$500	\$5.00	\$5.50	\$5.00	\$5.50	\$6.50	\$8.50	\$10.00	\$12.00	\$14.00
\$44,571	\$600	\$6.00	\$6.60	\$6.00	\$6.60	\$7.80	\$10.20	\$12.00	\$14.40	\$16.80
\$52,000	\$700	\$7.00	\$7.70	\$7.00	\$7.70	\$9.10	\$11.90	\$14.00	\$16.80	\$19.60
\$59,429	\$800	\$8.00	\$8.80	\$8.00	\$8.80	\$10.40	\$13.60	\$16.00	\$19.20	\$22.40
\$66,857	\$900	\$9.00	\$9.90	\$9.00	\$9.90	\$11.70	\$15.30	\$18.00	\$21.60	\$25.20
\$74,286	\$1,000	\$10.00	\$11.00	\$10.00	\$11.00	\$13.00	\$17.00	\$20.00	\$24.00	\$28.00
\$81,714	\$1,100	\$11.00	\$12.10	\$11.00	\$12.10	\$14.30	\$18.70	\$22.00	\$26.40	\$30.80
\$89,143	\$1,200	\$12.00	\$13.20	\$12.00	\$13.20	\$15.60	\$20.40	\$24.00	\$28.80	\$33.60
\$96,571	\$1,300	\$13.00	\$14.30	\$13.00	\$14.30	\$16.90	\$22.10	\$26.00	\$31.20	\$36.40
\$104,000	\$1,400	\$14.00	\$15.40	\$14.00	\$15.40	\$18.20	\$23.80	\$28.00	\$33.60	\$39.20
\$111,429	\$1,500	\$15.00	\$16.50	\$15.00	\$16.50	\$19.50	\$25.50	\$30.00	\$36.00	\$42.00
\$118,857	\$1,600	\$16.00	\$17.60	\$16.00	\$17.60	\$20.80	\$27.20	\$32.00	\$38.40	\$44.80
\$126,286	\$1,700	\$17.00	\$18.70	\$17.00	\$18.70	\$22.10	\$28.90	\$34.00	\$40.80	\$47.60
\$133,714	\$1,800	\$18.00	\$19.80	\$18.00	\$19.80	\$23.40	\$30.60	\$36.00	\$43.20	\$50.40
\$141,143	\$1,900	\$19.00	\$20.90	\$19.00	\$20.90	\$24.70	\$32.30	\$38.00	\$45.60	\$53.20
\$148,571	\$2,000	\$20.00	\$22.00	\$20.00	\$22.00	\$26.00	\$34.00	\$40.00	\$48.00	\$56.00
\$156,000	\$2,100	\$21.00	\$23.10	\$21.00	\$23.10	\$27.30	\$35.70	\$42.00	\$50.40	\$58.80
\$163,429	\$2,200	\$22.00	\$24.20	\$22.00	\$24.20	\$28.60	\$37.40	\$44.00	\$52.80	\$61.60
\$170,857	\$2,300	\$23.00	\$25.30	\$23.00	\$25.30	\$29.90	\$39.10	\$46.00	\$55.20	\$64.40
\$178,286	\$2,400	\$24.00	\$26.40	\$24.00	\$26.40	\$31.20	\$40.80	\$48.00	\$57.60	\$67.20
\$185,714	\$2,500	\$25.00	\$27.50	\$25.00	\$27.50	\$32.50	\$42.50	\$50.00	\$60.00	\$70.00

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

The MetLife Dental Plan provides you coverage to help you save money at the dentist using pre-tax dollars. The below reimbursement schedule applies to in or out of network dentists. More savings can be found at in network dentists because they have agreed to lower their fees in order to participate in the network. This plan has no waiting periods. **Find In-Network providers on the HRConnection website.**

Monthly Rates

Employee Only	\$0
Employee + 1	\$41.80
Employee + Family	\$87.48

Employer contribution of \$37.50 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 + 1	\$15.68
Employee + Child(ren)	\$16.78
Family	\$26.82

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	\$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	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	- 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)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$45	Every plan year
PRIMARY EYECARE SM	- 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 - 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 No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction 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 - 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

	<u>Low Option</u>	<u>High Option</u>
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 - *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 – *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	Employee Only	\$19.78
No elimination period. Limited to 1 day, 1 benefit every 90 days.		No elimination period. Limited to 60 days, 1 benefit every 90 days. (Pays in addition to Hosp stay)		Employee + Spouse	\$40.87
To qualify, you must be:				Employee + Child(ren)	\$35.30
1) Admitted to the hospital as an in-patient.		Inpatient Rehabilitation	\$50	Family	\$56.39
2) Or held in observation for 20 or more hours		No elimination period. Limited to 15 days, 1 benefit every 90 days.			
Hospital Stay	\$100	Nursing Care / Home Care	\$100		
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.)

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

	2026 Limits
Single	\$4,400
Family	\$8,750
Catch Up (age 55+)	\$1,000

The Medical Flexible Spending Account (FSA)

Introducing the medical FSA

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

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

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

WEX: We're here for you

1-866-451-3399

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



What's covered by your FSA

There are thousands of eligible items, including:

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

Common ineligible expenses:

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

After selecting a medical FSA at open enrollment

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

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

Guide to VEBA

Introducing the VEBA

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

What you need to know about VEBAs

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

WEX: We're here for you

1-866-451-3399

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



You're all set!

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

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

Quick reminder

You can't use your VEBA for:

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

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.

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.



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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.

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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.



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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.

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

Doctor On Demand[®] is an independent company providing telehealth services.

Wellness Portal



HealthSource
Solutions

WHAT YOUR EMPLOYEES WILL LOVE:

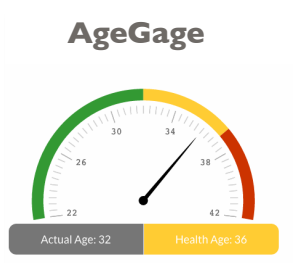
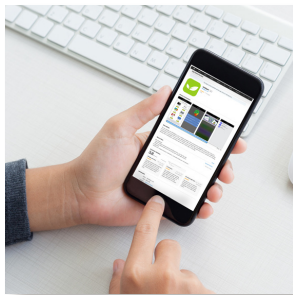
- 400+ Individual and Team Challenges
- Mobile App
- Text Tracking and Reminders
- Fitness Device and App Integration
- Mobile App
- Up to \$250 Annual Reward
- 100 Health Education Video Courses
- Fun Social Connectivity
(leader boards, team challenges, message boards
and peer-to-peer challenges)

*“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

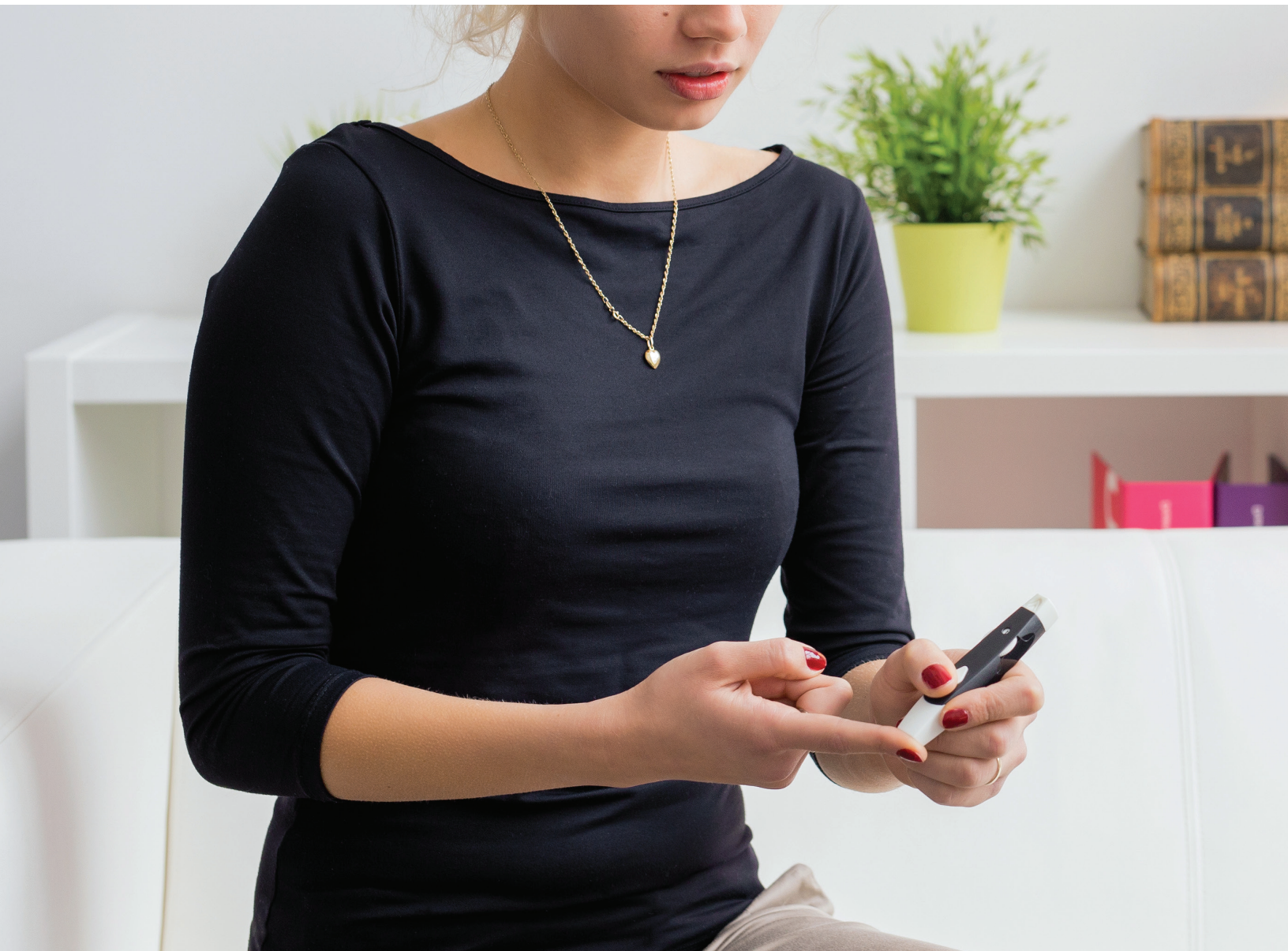


101 Challenges



102 Challenges

33



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.

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

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**

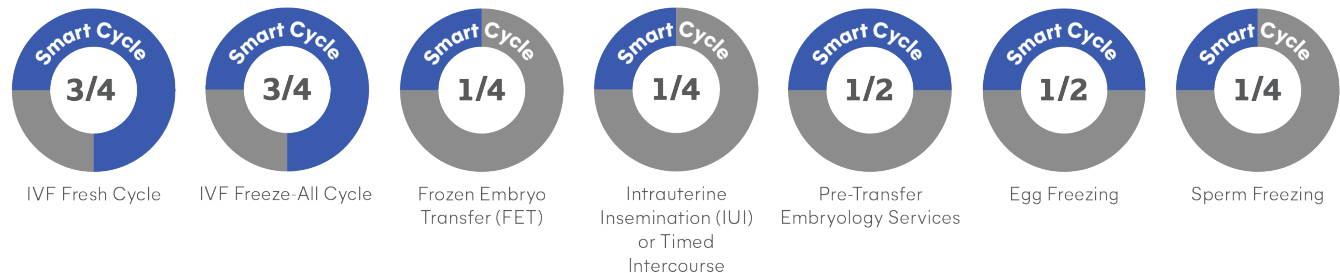
Donor Tissue Purchase Egg and sperm tissue purchase coverage

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



Call toll-free, 24/7: 1-866-443-9435
Online: one.telushealth.com



 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.

Minnesota Paid Leave makes time for the moments that matter



Minnesotans take care of one another. Starting in January 2026, Paid Leave will ensure Minnesotans can take the time they need to be there for some of life's most important moments—like welcoming a child, recovering from a serious illness, or caring for a loved one.

Paid Leave coverage

Paid Leave will provide payments and job protection for:

Medical Leave

1-12 weeks



Someone's own serious health condition

Family Leave

1-12 weeks



Bonding with a new child



Caring for a loved one



Managing military leave



Certain personal safety issues

Maximum of 20 weeks combined in one year if someone qualifies for both medical and family leave.

Almost all employers and individuals that work in Minnesota will be covered by Paid Leave.

Paid Leave payments

Benefit payments will cover a portion of an individual's usual pay during a qualified leave. Eligibility for payments will be based on earnings in the previous year.

Paid Leave job protection

Paid Leave will ensure that employees are able to return to their job after taking leave. If someone has worked at their job for at least 90 days, their job will be protected when they return from leave.

Paid Leave funding

Paid Leave is a social insurance program. Both employers and employees will contribute premiums to the fund.

Learn more about Paid Leave eligibility, coverage, premiums and more at info.paidleave.mn.gov



MINNESOTA PAID LEAVE

Effective January 1, 2026

Minnesota Paid Leave provides payments and job protections when you need time off to care for yourself or your family.

Equivalent Plan

Your employer provides Paid Leave through an approved equivalent plan instead of through the state of Minnesota. This plan provides time off, payments, and job protections that are equal to or greater than those offered under Minnesota Paid Leave.

Name of insurer: MetLife

Equivalent plan covers: ☐ Family Leave ☐ Medical Leave ☒ Both

Website: www.metlife.com Phone: 800-300-4296

What can I use Paid Leave for?

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- **Bonding Leave** – to care for and bond with a new child welcomed through birth, adoption, or foster placement
- **Caring Leave** – to care for a family member with a serious health condition
- **Military Family Leave** – to support a family member called to active duty
- **Safety Leave** – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

Generally, conditions must last at least seven days and be certified by a healthcare provider or other professional.

Am I covered by Paid Leave?

Most workers in Minnesota are covered by Paid Leave. You are covered no matter the size of your employer, or the hours or days you work. Independent contractors and self-employed individuals are not automatically covered but may opt in. You may qualify for payments if you’ve been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of Paid Leave in 2026).

How long can I take leave?

An Equivalent plan must offer leave time that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total.

How much will I get paid?

An equivalent plan must offer payments that are equal to or greater than what is offered under the state plan. Under the state plan, you will be paid up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state’s average weekly wage. This amount changes each year and is \$1,423 for the start of Paid Leave in 2026.

Who pays for this coverage?

Minnesota Paid Leave is funded by premiums paid by employees and employers. Your employer may not charge you more than 0.44% of your wages to fund your portion of the Equivalent Plan premium.

What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance premiums while you are on leave.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use Paid Leave. Employers cannot take your Paid Leave payments.

For inquiries related to Paid Leave, please contact Minnesota Paid Leave at 651-556-7777 or visit our website.

If you think your employer is violating employment protections, contact the Labor Standards Division at the Minnesota Department of Labor and Industry.

LEARN MORE: paidleave.mn.gov



This information can be provided in alternative formats to people with disabilities or people needing language assistance by calling the Paid Leave Contact Center at 651-556-7777 or 844-556-0444 (toll-free).



2026 Monthly Medical Insurance Premiums BCBS (Sourcewell) --- using SMART plans

Scheduled work hours per week	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
Smart Plan 3 (\$3400/\$6800)	HEALTH SAVINGS ACCOUNT (HSA) PLAN (Smart Plan 3 (\$3400/6800))									
100% (40 hrs/week)	\$2,358.00	\$1,657.40	\$700.60	\$350.30	\$100.00	\$848.00	\$795.56	\$52.44	\$26.22	\$0.00
90% (36 hrs/week)	\$2,358.00	\$1,491.67	\$866.33	\$433.17	\$100.00	\$848.00	\$716.00	\$132.00	\$66.00	\$0.00
80% (32 hrs/week)	\$2,358.00	\$1,325.92	\$1,032.08	\$516.04	\$100.00	\$848.00	\$636.46	\$211.54	\$105.77	\$0.00
75% (30 hrs/week)	\$2,358.00	\$1,243.05	\$1,114.95	\$557.48	\$100.00	\$848.00	\$596.68	\$251.32	\$125.66	\$0.00
Dual Spouse ⁴	\$2,358.00	\$1,857.40	\$500.60	\$250.30	\$100.00	NA	NA	NA	NA	NA
Smart Plan 5 (\$4400/\$8800)	HEALTH SAVINGS ACCOUNT (HSA) PLAN (Smart Plan 5 (\$4400/8800))									
100% (40 hrs/week)	\$2,205.00	\$1,657.40	\$547.60	\$273.80	\$100.00	\$795.00	\$795.56	\$0.00	\$0.00	\$0.56
90% (36 hrs/week)	\$2,205.00	\$1,491.66	\$713.34	\$356.67	\$100.00	\$795.00	\$716.01	\$78.99	\$39.50	\$0.00
80% (32 hrs/week)	\$2,205.00	\$1,325.92	\$879.08	\$439.54	\$100.00	\$795.00	\$636.46	\$158.54	\$79.27	\$0.00
75% (30 hrs/week)	\$2,205.00	\$1,243.05	\$961.95	\$480.98	\$100.00	\$795.00	\$596.68	\$198.32	\$99.16	\$0.00
Dual Spouse ⁴	\$2,205.00	\$1,857.40	\$347.60	\$173.80	\$100.00	NA	NA	NA	NA	NA
Smart Plan 8 (\$8500/\$17,000)	HEALTH SAVINGS ACCOUNT (HSA) PLAN (Smart Plan 8 (\$8500/17000))									
100% (40 hrs/week)	\$1,793.00	\$1,657.40	\$135.60	\$67.80	\$100.00	\$653.00	\$795.56	\$0.00	\$0.00	\$142.56
90% (36 hrs/week)	\$1,793.00	\$1,491.67	\$301.33	\$150.67	\$100.00	\$653.00	\$716.00	\$0.00	\$0.00	\$63.00
80% (32 hrs/week)	\$1,793.00	\$1,325.92	\$467.08	\$233.54	\$100.00	\$653.00	\$636.46	\$16.54	\$8.27	\$0.00
75% (30 hrs/week)	\$1,793.00	\$1,243.05	\$549.95	\$274.98	\$100.00	\$653.00	\$596.68	\$56.32	\$28.16	\$0.00
Dual Spouse ⁴	\$1,793.00	\$1,857.40	\$0.00	\$0.00	\$164.40	NA	NA	NA	NA	NA
Smart Plan 8 (\$8500/\$17,000) HVN	HEALTH SAVINGS ACCOUNT (HSA) PLAN (Smart Plan 8 (\$8500/17000)) HVN									
100% (40 hrs/week)	\$1,646.00	\$1,657.40	\$0.00	\$0.00	\$111.40	\$602.00	\$795.56	\$0.00	\$0.00	\$193.56
90% (36 hrs/week)	\$1,646.00	\$1,491.67	\$154.33	\$77.17	\$100.00	\$602.00	\$716.00	\$0.00	\$0.00	\$114.00
80% (32 hrs/week)	\$1,646.00	\$1,325.92	\$320.08	\$160.04	\$100.00	\$602.00	\$636.46	\$0.00	\$0.00	\$34.46
75% (30 hrs/week)	\$1,646.00	\$1,243.05	\$402.95	\$201.48	\$100.00	\$602.00	\$596.68	\$5.32	\$2.66	\$0.00
Dual Spouse	\$1,646.00	\$1,857.40	\$0.00	\$0.00	\$311.40	NA	NA	NA	NA	NA

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

Smart Plan 3 was used for calculation of premium change split.

Smart Plan 8 is not credible with medicare.

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

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

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](#)