



Renville
COUNTY
Service • Stewardship • Shared Responsibility

Annual Enrollment 2026

Life Insurance

Short Term Disability – ***New Carrier!!***

Paid Family Medical Leave – ***New State Law!!***

Long Term Disability

Dental Insurance

Vision Insurance

Group Accident Insurance

Group Critical Illness Insurance

Group Hospital Insurance

Integrity
Employee Benefits, LLC



To Log-In Go to: hrconnection.com/guestlogin.aspx
Guest Key: **RenvilleCounty**

The screenshot displays the Renville County HR Connection website. At the top is the Renville County logo with the tagline "Service • Stewardship • Shared Responsibility". Below the logo is a dark blue navigation bar with the following links: Home, Company Info, My Information, Human Resources, Benefits, Vacation Admin, PFML, and Admin. The main content area is divided into three columns. The left column features a "CLICK TO ENROLL IN BENEFITS" button, a "Sign in and enroll by the due date!" message, and a "Welcome to HR Connection" message. The middle column lists five insurance options: MEDICAL INSURANCE, SPENDING ACCOUNTS, DENTAL INSURANCE, VISION INSURANCE, and LIFE INSURANCE, each with a corresponding icon. The right column includes a "2026 Ancillary Benefit Summary" link, a "WORK IN A WORKOUT" section with a photo of a gym, and a paragraph about taking stairs at work, followed by a bullet point: "Take the stairs. Are you aware that climbing stairs burns 10".

Renville COUNTY
Service • Stewardship • Shared Responsibility

Home Company Info My Information Human Resources Benefits Vacation Admin PFML Admin

+ Add Set up ↓ ×

CLICK TO ENROLL IN BENEFITS

Sign in and enroll by the due date!

+ Add Set up ↑ ×

Welcome to HR Connection

MEDICAL INSURANCE

SPENDING ACCOUNTS

DENTAL INSURANCE

VISION INSURANCE

LIFE INSURANCE

+ Add Set up ↓ ×

2026 Ancillary Benefit Summary

Set up ↑ ×

WORK IN A WORKOUT

Not enough time in the day for a workout? Not true! You probably have millions of things to do when you get home, but you can squeeze in your exercise right here at work. Try some of the following:

- Take the stairs. Are you aware that climbing stairs burns 10

Life Insurance

Provides cash to your family after your death to help them meet important financial needs

*Funeral costs, Medical bills, Taxes, Debts,
Lawyers' fees, Rent/Mortgage, Daily living
expenses, College, Savings*



Life Insurance

No change to rates or plan - *Hartford*

Basic Life of \$20,000

Optional Life Insurance Maximums:

- Employee – up to \$500,000
- Spouse – up to \$250,000
- Child(ren) - \$10,000

(Children are eligible from live birth to age 26)

All increases require health history

Review your beneficiary designation

Long Term Disability

Protecting your income should you suffer a serious illness or injury and can't work and earn your paycheck over 90 days

Almost 3 in 10 workers entering the work force today will become disabled before retiring. The average long-term disability absence is 2.5 years.



Long Term Disability

No change in rates or plan - *Hartford*

Benefits start after 3 months and could continue to National Social Security Retirement age.

Select in Increments of \$100 between \$500 and \$5,000 per month.
Max of 60% of your monthly income.

Employees in the plan may increase benefit, subject to the 6/6/24 pre-existing conditions period. (no health questions)

Employees not currently participating in the plan may apply for Long Term Disability by providing proof of good health.

Minnesota
Paid Family & Medical Leave
and
Voluntary Short Term Disability



MN Paid Family Medical Leave (PFML)

State-Mandated social insurance law that pays partial income replacement and provides job protection for time away from work related to:

- Medical Leave: Your own serious medical condition, lasting more than 7 days
- Family Leave: Bonding with a new child, active duty leave, caring for a family member with a serious health condition, and safety leave because of domestic or sexual abuse against themselves or a family member, or attending to a qualifying military exigency

MN Paid Family Medical Leave (PFML)

Employees are eligible for PFML benefits if they've earned at least 5.3% of the state average annual wage. The weekly benefit amount is based on a three-tiered benefit structure:

- 90% of the portion of their weekly wage that is less than or equal to 50% of the state average weekly wage, plus
- 66% of the portion of their weekly wage that is between 50% and 100% of the state average weekly wage, plus
- 55% of the portion of their weekly wage that is greater than 100% of the state average weekly wage
- The maximum benefit will be capped at the state average weekly wage, which is \$1,423 for 2026.

MN Paid Family Medical Leave (PFML)

PFML Weekly Benefit Amount Illustration		
Annual Income:	PFML Weekly Benefit:	% of Weekly Earnings
\$30,000	\$519.23	90%
\$40,000	\$678.45	88%
\$50,000	\$805.38	84%
\$60,000	\$932.30	81%
\$70,000	\$1,059.22	79%
\$80,000	\$1,173.44	76%
\$90,000	\$1,279.21	74%
\$100,000	\$1,384.98	72%
\$110,000	\$1,423.00	67%
\$120,000	\$1,423.00	62%
\$130,000	\$1,423.00	57%
\$140,000	\$1,423.00	53%
\$150,000	\$1,423.00	49%
\$160,000	\$1,423.00	46%
\$170,000	\$1,423.00	44%

MN Paid Family Medical Leave (PFML)

PFML benefit start date and benefit duration:

- Employees must meet a seven-day qualifying period to receive benefits. Once this period is met, benefits become payable for the seven days and absences taken for that leave event going forward
 - The seven-days can either be consecutive or, if the leave is intermittent, the seven days do not need to be consecutive (accumulated)
 - The seven-day qualifying period doesn't apply to bonding leaves
- Medical leave duration: up to 12 weeks
- Family leave benefit duration: up to 12 weeks
- Combined maximum family and medical leave duration: 20 weeks in an employee's benefit year

MN Paid Family Medical Leave (PFML)

MN PFML Program Funding:

- Effective 01/01/2026, a new state-wide payroll tax will be implemented.
- The new payroll tax will be applied to taxable wages up to the Social Security Wage Cap (\$183,600 in 2026).

MN Paid Family Medical Leave (PFML)

Additional MN PFML information can be found on your HRconnection site:

- Benefit Summaries
- Benefit Calculator
- Educational Videos
- Claim Submission Instructions
- Etc.

Short Term Disability

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.

Short Term Disability

Benefit Amount: 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.
- Short Term Disability Benefits plus Sick Leave/PTO/Vacation Pay can equal up to 100% of your pre-disability earnings.
 - 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.
 - See your Employee Handbook for more information on using Time Off with PFML & Short Term Disability

Short-Term Disability Rates

		\$0.100	\$0.110	\$0.100	\$0.110	\$0.130	\$0.170	\$0.200	\$0.240	\$0.280
		Monthly Premium Cost								
		Age on January 1								
If your annual salary 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

MN Paid Family Medical Leave (PFML)

PFML Weekly Benefit Amount Illustration		
Annual Income:	PFML Weekly Benefit:	% of Weekly Earnings
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\$150,000	\$1,423.00	49%
\$160,000	\$1,423.00	46%
\$170,000	\$1,423.00	44%

When Should I Consider Enrolling in Short Term Disability?

If your income is over approximately \$110,000

If you would like to have an added layer of income protection after PFML benefits are exhausted

- Scenario: Once the 12 weeks of PFML benefits are used in a plan year, there are no further benefits available.
- If a subsequent disability occurs in the same year, STD may be the only source of income available

Dental

Save money on dental care with pre-tax premiums and negotiated discounts with in-network providers.

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.



Dental

No Change to Plan – MetLife

8% Increase to Rates

Sign up online if joining the plan for the first time, discontinuing coverage, or changing dependent coverage.

More savings at in network providers – find in network providers on the Hrconnection site.

**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

Vision

A benefit designed to save you money on prescription eyewear and other vision materials

3 in 4 adults need vision correction.

1 in 4 children need vision correction.

9 in 10 employees say visual issues can affect their quality of work.



Vision

◦ Employee only:	\$7.84
◦ Employee + Spouse:	\$15.68
◦ Employee + Child(ren):	\$16.78
◦ Employee + Family:	\$26.82

No change to rates or plan - *VSP*

Coverage

- Eyeglass frames - \$150 allowance – Every 12 months
- Eyeglass standard lenses – Every 12 months
- After \$25 copay

Or in lieu of glasses/lenses;

Contact lenses – \$150 allowance – Every 12 months

Discounts on specialty lenses and LASIK

Go to HRconnection to search In-Network providers

Group Accident Plan

Group Accidental Injury insurance provides fixed benefits according to a payout schedule for covered accidents.

Help pay for out-of-pocket expenses that may not be covered by traditional insurance, such as rehabilitation, transportation, or childcare and can help you pay for high deductibles and co-pays.

GROUP ACCIDENT



Group Accident Plan

Protect your finances for you and your family in the event of an Accidental Injury.

Help bridge the gap (out of pocket) with High Deductible Health plans.

Benefit is a lump sum, tax-free cash payment to you.

On/Off the job accidents.

No health history needed!

\$50 Health Screening/Wellness Benefit per year per person.

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

Group Accident Plan

Sampling of Covered Accidents/Conditions Benefit 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)

Wellness Benefit

- Qualifying visits/health screening tests (see chart)
- Wellness Benefit*:
\$50 per person per year
for Accident and Hospital

\$75 per person per year
for Critical Illness

* A single wellness visit will
pay the Wellness Benefit for
each plan you're enrolled in

* The Wellness Benefit
is limited to once per plan
per year

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 & 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 (<i>Not Eligible For Accident Plan</i>)	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 (<i>Not Eligible For Accident Plan</i>)	

Critical Illness Plan

Critical Illness insurance pays a fixed, lump sum benefit if you're diagnosed with a covered condition, to help you focus on getting better.

These benefits can help you pay for out-of-pocket medical and nonmedical costs such as: Medical copays and deductibles, Travel to see a specialist, Child care, Help around the house, Alternative treatment



Group Critical Illness Plan

Protect your finances for you and your family in the case of a critical illness such as; heart attack, stroke, invasive cancer, major organ failure, kidney disease, paralysis, etc.

Employee / Spouse / Child Benefit: **\$15,000 / \$7,500 / \$3,750**

- *Benefit payments are non-taxable*

Help to bridge the gap with High Deductible Health plans.

No health history needed and no pre-existing condition limitation!

Benefits are payable based on the date of diagnosis of a Covered Condition

\$75 Health Screening Benefit per year per person.

Group Critical Illness Plan

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 Care

Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness

A hospital stay can happen at any time. It may be unexpected and expensive. The average inpatient hospital stay in the U.S. Costs \$2,271 per day and lasts an average of 6.1 days

GROUP HOSPITAL



Group Hospital Care

The plan pays you a lump sum benefit if you have a hospital stay. Includes pregnancy. Help to bridge the gap with High Deductible Health plans.

No pre-existing limitation! **This includes pregnancies/deliveries and/or scheduled surgeries!**

\$50 Health Screening/Wellness Benefit per year per person

<u>Hospitalization Benefit Type</u>	<u>Benefit Amount</u>
Hospital Admission 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	\$1,000
Hospital Stay No elimination period. Limited to 60 days, 1 benefit every 90 days.	\$100
Hospital Intensive Care Unit Stay - Supplemental No elimination period. Limited to 60 days, 1 benefit every 90 days. (Pays in addition to Hosp stay)	\$100
Inpatient Rehabilitation No elimination period. Limited to 15 days, 1 benefit every 90 days.	\$50
Nursing Care / Home Care Limited to 10 days/calendar; 20 days/lifetime.	\$100
Newborn Confinement	\$100

	Monthly Rates
Employee Only	\$19.78
Employee + Spouse	\$40.87
Employee + Child(ren)	\$35.30
Family	\$56.39

How to make changes:

Make changes during online enrollment process

Fill out Health Questions for applicable Life and LTD increases

Additional Information and forms on HRConnection:

- Benefit Summaries
- Health Questionnaires
- Calculators, Videos and resources

Questions?



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