



2025

Employee Benefit Guide





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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



Benefits Overview

The City of Hastings is proud to offer a comprehensive benefits package to eligible full-time and part-time regular employees. The complete benefits package is briefly summarized in this booklet. Plan booklets, which give you more detailed information about each of these programs are available on the City Intranet.

You share the costs of some benefits medical.

Benefit Plans Offered

- Medical
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (DCA)

Eligibility

You and your dependents are eligible for the City of Hastings benefits on the following dates:

- Health Insurance: the 31st day of employment

All insurance paperwork needs to be submitted within 30 days of start date.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or eligible dependents. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Medical Benefits

Administered by MEDICA

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the City.

The City of Hastings offers you a choice of four health plans:

- \$200 deductible plan with \$30 copay (Passport Network)
- \$1,500 deductible plan with an HRA (Passport Network)
- \$3,300 deductible plan with an HSA (Passport Network)
- \$3,300 deductible plan with an HSA (Elect Network)





Medical Benefits

\$200 Deductible PPO Plan with \$30 copay PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$200 single / \$600 family	\$400 single / \$1,200 family
Coinsurance	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$1,200 single / \$2,400 family	\$2,500 single / \$7,500 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 60% coinsurance
PHYSICIAN SERVICES		
E-visits	\$15 copay	Deductible then 60% coinsurance
In-hospital medical visits	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Professional lab services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Office visits due to illness or injury	\$30 copay	Deductible then 60% coinsurance
Urgent care (clinic-based)	\$30 copay	Deductible then 60% coinsurance
Retail health clinic	\$15 copay	Deductible then 60% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	\$30 copay	Deductible then 60% coinsurance
Home health care	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Physical therapy, occupational therapy, speech therapy	\$30 copay	Deductible then 60% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Outpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
EMERGENCY CARE		
Emergency room	\$75 copay	
Physician charges	100%	
Ambulance (medically necessary transport to the nearest facility)	80%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 80% coinsurance	Deductible then 60% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred	\$11 copay	\$11 copay
Nonpreferred	\$35 copay	\$35 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx – Mail order and retail pharmacy		
Preferred	\$22 copay	No coverage
Nonpreferred	\$70 copay	No coverage



Medical Benefits

\$1,500 Deductible HRA/VEBA plan PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$1,500 single / \$3,000 family	\$1,500 single / \$3,000 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 100% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$2,250 single / \$4,000 family	\$2,250 single / \$4,000 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 100%
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 100%
In-hospital medical visits	Deductible then 100%	Deductible then 100%
Professional lab services	Deductible then 100%	Deductible then 100%
Office visits due to illness or injury	Deductible then 100%	Deductible then 100%
Urgent care (clinic-based)	Deductible then 100%	Deductible then 100%
Retail health clinic	Deductible then 100%	Deductible then 100%
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 100%
Home health care	Deductible then 100%	Deductible then 100%
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 100%
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 100%
Outpatient hospital services	Deductible then 100%	Deductible then 100%
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 100%
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Open plan design (Generic, Brand & Non-Preferred)	\$20 copay	\$20 copay
Specialty	Preferred: 20% coinsurance to max \$200 copay; Non-Preferred: 40% coinsurance	No coverage
90dayRx—Mail order and retail pharmacy		
Generic, Brand & Non-Preferred	\$40 copay	No coverage



Medical Benefits

\$3,300 Deductible with HSA plan PASSPORT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$3,300 single / \$6,600 family	\$3,300 single / \$6,600 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$3,300 single / \$6,600 family	\$3,700 single / \$7,400 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 80% coinsurance
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 80% coinsurance
In-hospital medical visits	Deductible then 100%	Deductible then 80% coinsurance
Professional lab services	Deductible then 100%	Deductible then 80% coinsurance
Office visits due to illness or injury	Deductible then 100%	Deductible then 80% coinsurance
Urgent care (clinic-based)	Deductible then 100%	Deductible then 80% coinsurance
Retail health clinic	Deductible then 100%	Deductible then 80% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 80% coinsurance
Home health care	Deductible then 100%	Deductible then 80% coinsurance
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 80% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
Outpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 80% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred generic	100% after deductible; Preventive: no charge	100% after deductible
Preferred brand	100% after deductible; Preventive: no charge	100% after deductible
Specialty	100% after deductible	No coverage
90dayRx—Mail order and retail pharmacy		
Preferred generic	100% after deductible	No coverage
Preferred brand	100% after deductible	No coverage



Medical Benefits

\$3,300 Deductible with HSA plan ELECT NETWORK		
	In-Network	Out-of-Network
Calendar-year deductible	\$3,300 single / \$6,600 family	\$6,600 single / \$13,200 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum (medical and Rx combined)	\$3,300 single / \$6,600 family	\$13,200 single / \$26,400 family
Dependent child age limit	To age 26 through the calendar month of the birthday	
PREVENTIVE CARE		
Well-child care to age 6	100%	100%
Prenatal care	100%	100%
All other preventive	100%	Deductible then 80% coinsurance
PHYSICIAN SERVICES		
E-visits	Deductible then 100%	Deductible then 80% coinsurance
In-hospital medical visits	Deductible then 100%	Deductible then 80% coinsurance
Professional lab services	Deductible then 100%	Deductible then 80% coinsurance
Office visits due to illness or injury	Deductible then 100%	Deductible then 80% coinsurance
Urgent care (clinic-based)	Deductible then 100%	Deductible then 80% coinsurance
Retail health clinic	Deductible then 100%	Deductible then 80% coinsurance
OTHER PROFESSIONAL SERVICES		
Chiropractic care	Deductible then 100%	Deductible then 80% coinsurance
Home health care	Deductible then 100%	Deductible then 80% coinsurance
Physical therapy, occupational therapy, speech therapy	Deductible then 100%	Deductible then 80% coinsurance
HOSPITAL SERVICES		
Inpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
Outpatient hospital services	Deductible then 100%	Deductible then 80% coinsurance
EMERGENCY CARE		
Emergency room	Deductible then 100%	
Physician charges	Deductible then 100%	
Ambulance (medically necessary transport to the nearest facility)	Deductible then 100%	
MEDICAL SUPPLIES		
Medical supplies	Deductible then 100%	Deductible then 80% coinsurance
PRESCRIPTION DRUGS		
Retail (31-day limit)		
Preferred generic	100% after deductible; Preventive: no charge	100% after deductible
Preferred brand	100% after deductible; Preventive: no charge	100% after deductible
Specialty	100% after deductible	No coverage
90dayRx—Mail order and retail pharmacy		
Preferred generic	100% after deductible	No coverage
Preferred brand	100% after deductible	No coverage



Value Added Programs

Administered by Medica

My Health Rewards

Whether you want to eat healthier, sleep more, stress less or get fit. My Health Rewards helps you take small steps to reach your health goals. Steps, Sleep, Calories. Track one or all of these to make steady progress toward health improvements and earn rewards. The My Health Rewards program is compatible with many fitness tracking devices and mobile apps. We'll help you make small, everyday changes to your well-being that are focused on the areas you want to improve the most. If you haven't already, download the Virgin Pulse app to access your My Health Rewards account on the go and keep track of your progress, activity and more. **Contract Holders can earn up to \$345 in rewards annually as you complete activities personalized just for you. Spouses/dependents age 18 and older can earn up to \$225 in rewards annually!**

Amwell (Telemedicine)

A Doctor is just a phone call or click away to get the medical attention you need for your physical and mental health. Convenient, real-time care is available 24/7, 365 days per year and treats the top conditions seen in urgent care centers.

Medica Call Link

Medica CallLink connects you with advisors and nurses around the clock. When you call, you'll receive trusted answers, information, and support for a wide range of health concerns. More good news? This service is available at no additional cost to you, as a part of your health plan.

Self Care by AbleTo

Self-care techniques, coping tools, meditations, sleep tracking, and more at no cost—anytime anywhere with Self Care by AbleTo. In addition, Medica members receive access to online therapy covered under their plan as behavioral health office visit.

Ovia Health

Ovia Health supports you through your entire parenthood journey. The Ovia Health apps offer personalized guidance, support and coaching to help achieve your health goals, from fertility health tracking, to getting pregnant, to navigating pregnancy, postpartum and parental wellness. You'll have access to enhanced and personalized Ovia Health features including one-on-one coaching, symptom tracking, return-to-work tools and more. Simply download the app that's right for you and enter your health plan information for immediate access to these enhanced resources.

Life Time Digital Fitness Program

Unlock a healthier you with the Life Time Digital fitness program at no extra cost. The Life Time Digital app provides access to hundreds of on-demand and live fitness classes, meditations, plus nutrition and lifestyle articles to support your well-being goals!

Omada

You can help reduce your risk for chronic disease through Omada for Prevention, a digital lifestyle change program. Combining the latest technology with ongoing personal support, you can make the change that matter most—whether that's around eating, activity, sleep or stress. It's an approach that can help you lose weight and reduce your risks for type 2 diabetes and heart disease. If you or your adult dependents are MEDICA members and are at risk for type 2 diabetes or heart disease, Omada is available at no additional cost. Take a one-minute online health assessment to see if you're eligible.

Live and Work Well

With Live and Work Well, You'll find health resources and personalized support services to help you and those you care about find the balance, support and care to live the healthiest life possible. The site is available 24/7 for confidential access to professional care, self-help programs and a variety of helpful information.



2025 Medical Rates (Employee Contributions)

Monthly Premiums	\$3,300 Deductible HSA plan PASSPORT	\$3,300 Deductible HSA plan ELECT	\$1,500 Deductible HRA/VEBA plan PASSPORT	\$200 Deductible PPO Plan with \$30 copay PASSPORT
Single	\$0.00	\$0.00	\$0.00	\$0.00
Single + Spouse	\$761.59	\$666.39	\$855.94	\$941.71
Single + Children	\$710.67	\$621.83	\$798.71	\$878.75
Family	\$928.16	\$812.14	\$1,043.15	\$1,147.67

Health Reimbursement Arrangement (HRA) with VEBA

Administered by WEX

As part of our medical plan options, the City of Hastings offers a Health Reimbursement Arrangement (HRA) for those employees who choose the \$1,500 high deductible health plan.

An HRA/VEBA is an employer-funded account established for participating employees to be used on a pretax basis to pay for unreimbursed medical, dental or vision expenses. Once the deductible is met, the plan pays 100% until the end of the plan year. The City's contribution to the HRA account will be deposited, in full, on January 1st. Reimbursements cannot be made for more than the available amount in the HRA account.

Employees are eligible to be reimbursed from HRA for all (213)d expenses, including those expenses for eligible dependents, and after termination or retirement, certain insurance premiums. Money in the HRA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination or retirement. (If you also elect a Flexible Spending Account, expenses incurred and submitted for reimbursement will be paid from your FSA first and then paid from your HRA.)



Flexible Spending Accounts (FSAs)

Administered by WEX

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$3,200 (2024)

Dependent Care Spending Limit \$5,000 (2024)

Here's How an FSA Works

1. You decide the annual amount (up to \$3,200 for the Healthcare account or \$5,000 for the Dependent Care account) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA, so you actually pay your expenses with tax-free dollars.



Health Savings Account (HSA)

Administered by WEX

As part of the medical plan benefit options the City of Hastings offers a Health Savings Account (HSA) for those employees who choose an HSA high deductible health plan. Employees who choose to open an HSA account select the amount they would like to contribute to their HSA. Individual accounts are set up at WEX and the amount deposited will be deducted from the employee's paycheck each pay period and deposited into the account, along with the City's contribution. When funds in the HSA are used for qualified expenses the funds can be taken out tax-free. These funds may be used to cover expenses of both the employee and any eligible tax dependents. Money in the HSA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination from employment or retirement.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a "limited scope" FSA or HRA. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also an HDHP/HSA. If you are covered by a spouse's traditional medical insurance plan or full flexible spending account, you are not eligible to contribute to an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another's tax return or those covered under TRICARE.

2025 Contribution Limits

Single: \$4,300

Family: \$8,550

Catch-up for age 55 and older: Additional \$1,000





Corporate Wellness Gym Benefit

Corporate Wellness Employee Benefit

Offered by the YMCA

Employees are eligible for special benefits including:

- \$15 off your monthly membership dues upon 12 visits per month
- Free towel service
- \$15 premium enrollment fee (\$35 savings)
- Partnership benefits valid for both current Y members and new Y members

What comes with a Y membership?

- FREE drop in fitness classes - check your local branch for schedule
- FREE 2 hour onsite childcare while you exercise
- Access to all 25 Twin Cities locations
- Access to indoor and outdoor pools, saunas, whirlpools, fitnesscenters, gyms, discounts on swim lessons, personal training and more!

What if I am already a Y member?

- Stop into your local Y to enroll in Corporate Wellness benefits - bring a business card, full flyer, paystub or anything that says you work for the City
- Contact Anna Hochmuth to enroll (anna.hochmuth@ymcamn.org or (651)319-8006)





Employee Resource Center

We are committed to providing quality Employee Benefits to our employees and are pleased to offer a web based communication system to help you reduce your time spent learning about and selecting benefits.

This site will be available to you and your dependents 24/7/365 either at the office or at home and will serve as an important resource center to access important City information.

Here's what you can find:

- Benefit Enrollment Information
- Benefit Plan Details, Including Forms and Documents
- Carrier Resources and Links
- Payroll and Human Resource Forms
- Job Postings
- Wellness Program Details
- Live Well Work Well Newsletters and Monthly Tip Sheets
- New/Departing Employee Information
- Life Event Checklists
- Health Care Reform Summary
- Information on State & Federal Programs
- Financial Calculators
- Benefits Glossary
- And much more!

<https://c2mb.ajg.com/cityofhastings/home/>



Select Language ▼

Gallagher

Home Benefits 2023 Policy Updates Employer Information City Newsletter Comp & Class Study 2022 Life Events Live Well, Work Well Federal Programs Benefit Resources





Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or Megan Schlei at 651.480.6159 or mschlei@hastingsmn.gov.

Benefit	Administrator	Phone	Website / E-mail
Medical	Medica	800.952.3455	www.medica.com
Spending Accounts (HSA/FSA/VEBA)	WEX	833.225.5939	www.wexinc.com





ANNUAL NOTICES

Newborns' and Mothers' Health Rights Act

HIPPA Notice of Privacy Practices Reminder

Patient Protections Disclosure

Notice of Creditable Coverage

We are required to provide a Medicare Creditable Coverage Notice to any Medicare-eligible members enrolled or seeking enrollment on our medical plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

We are also required to provide this notice which offers information to help employees and their children who are eligible for our health coverage, but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for Minnesota.

Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act Notice outlines your coverage required by federal law in the event of a mastectomy.

HIPAA Special Enrollment Rights

If you are waiving coverage under our medical plan, you may have special enrollment rights if you have a qualified status change.

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at [StudentAid.gov/publicservice](https://studentaid.gov/publicservice) or contact your federal loan servicer.

In the interest of being environmentally conscious, these notices are available on the Employee Resource Center: (<https://c2mb.ajg.com/cityofhastings/home/>) You can also obtain a copy of these notices by contacting Megan Schlei.

The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.



2025 Ancillary Benefit Summary

Life Insurance
Long Term Disability
Dental Insurance
Vision Insurance
Group Accident
Group Critical Illness
Group Hospital

Integrity

Employee Benefits, LLC



651-437-7977

integrity@integrityeb.com

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

<u>Life Insurance:</u>	Insure up to \$500,000 for the employee, \$250,000 for the spouse, and \$10,000 for children.
<u>Long Term Disability:</u>	Employer paid plan protecting your income after 3 months of a disability.
<u>Vision Insurance:</u>	Great Savings on Frames and Lenses using pre-tax dollars.
<u>Dental Insurance:</u>	Save on dental care using pre-tax dollars.
<u>Group Accident Plan:</u>	Financial protection in the case of an accident.
<u>Group Critical Illness:</u>	Financial protection in the case of a critical illness.
<u>Group Hospital Plan:</u>	Lump sum benefit if you go to the hospital.

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

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=Hastings>

Or

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

Guest Key: **Hastings**

BASIC LIFE INSURANCE

Benefit eligible employees have \$50,000 of Basic Life and AD&D Insurance coverage.

EMPLOYEE AND SPOUSE LIFE INSURANCE

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

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 (not to exceed 8x salary when combined with Basic)
Spouse- Up to **\$250,000** in \$5,000 increments (not to exceed Employee's Optional Election amount)

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 25	\$0.054
25 to 29	\$0.054
30 to 34	\$0.054
35 to 39	\$0.090
40 to 44	\$0.108
45 to 49	\$0.153
50 to 54	\$0.225
55 to 59	\$0.405
60 to 64	\$0.612
65 to 69	\$1.161
70 to 74	\$1.872

CHILD LIFE (\$1.17/month per family)

Term life insurance protecting your unmarried children for \$10,000 each is also available (not to exceed Employee's Optional Election amount). Children are eligible from live birth to age 26.

LONG TERM DISABILITY (LTD) – New Carrier! (Lincoln Financial)

- This valuable benefit is employer paid and protects your income if you can't work because of a disability.
- The benefit can begin after 90 days, and the benefit can continue for up to your National Social Security Retirement Age.
- Maximum LTD benefit is 60% of your income up to a maximum benefit of \$6,000 month.
- **For additional information go online to the [HRconnection](#) website.**

VISION INSURANCE

The VSP Choice Materials-Only vision care program is available for employees and their dependents to help save on vision care costs using pre-tax dollars. **Find In-Network providers on the [HRconnection](#) site.**

	<u>Monthly Cost</u>
Employee	\$6.10
Employee + Spouse	\$12.20
Employee + Child(ren)	\$13.04
Family	\$20.86

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none">• \$170 featured frame brands allowance• \$150 frame allowance• 20% savings on the amount over your allowance• \$80 Walmart*/Sam's Club*/Costco* frame allowance	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses• Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">• \$150 allowance for contacts; copay does not apply• Contact lens exam (fitting and evaluation)	Up to \$45	Every plan year
PRIMARY EYECARE SM	<ul style="list-style-type: none">• Retinal screening for members with diabetes• Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.• Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.• Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">• Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening <ul style="list-style-type: none">• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. *Plan year begins in July			

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

DENTAL INSURANCE

The MetLife Plan provides you coverage to help you save money at the dentist using pre-tax dollars. Employees and dependents who have previously refused coverage may enroll now during annual enrollment. No waiting periods apply. **Find In-Network providers on the HRconnection site.**

Monthly Rates

Employee	\$ 45.32
Employee + Spouse	\$ 90.64
Employee + Child(ren)	\$ 99.92
Family	\$ 130.06

Annual Maximum Benefit	In-Network: \$2,000 / Out of Network: \$1,000
Deductible Per Person	In-Network: \$0 / Out of Network: \$25
Deductible Max Family	\$75
Deductible Waived on Preventative?	Yes
Percentile of Usual and Customary	90% U&C
<i>Co-Insurance breakdown</i>	In Network / Out of Network
Preventative/Diagnostic	100% / 100%
Basic Restorative	100% / 100%
Basic Oral Surgery	100% / 100%
Complex Surgical Extractions	80% / 50%
Basic Endodontic Therapy	80% / 50%
Basic Periodontal Services	80% / 50%
Complex Surgical Periodontal	80% / 50%
Major Restorative	50% / 50%
Prosthetic Services / Repairs	50% / 50%
Cleanings Frequency	2 per year
Xray Frequency	*Panoramic Xrays 1 in 60 months. *Bitewings 1 per 12 months
White Fillings	*Plan Pays for composite (white) Fillings (Back 50% and Front teeth 80%).
Waiting Period	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 (90% U&C), you may be responsible for the difference.

GROUP ACCIDENT INSURANCE

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

The Accident plan includes:

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

Monthly Premium Rates

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

Sampling of Covered Accidents/Conditions Benefit Payout Schedule:

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

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

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

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

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

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

*Limit of 10 treatments per Accident

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

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

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

GROUP CRITICAL ILLNESS INSURANCE

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

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

The Critical Illness plan includes:

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

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

GROUP HOSPITAL CARE INSURANCE

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

The Hospital plan includes:

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

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

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

