



2023/24 Benefits Guide

Welcome to the team!

We are equally pleased to offer a robust and comprehensive benefits program focused on supporting you and your family's well-being. This includes:

- Medical insurance, through Blue Cross Blue Shield of Minnesota
- Dental insurance, through Delta Dental of Minnesota
- Short-term and long-term disability, through Principal
- Life insurance, through Principal as well

This Guide is intended to help you and your family better understand our insurance programs by providing a one-stop overview of our vendor partners, costs, and coverage. Detailed below is a summary of who-can-enroll and key deadlines to be familiar with.

Eligibility

Full-time employees (regularly scheduled to work 30+ hours per week), spouse and dependent (up to age 26).

Coverage start

For new hires, coverage begins the 1st of the month following your hire date. For other events, i.e., marriage/divorce, birth/adoption, gain/loss of coverage, etc., coverage begins on the respective date.

Deadline

You must elect benefits within 30 days from your hire date (or 31 days from other events). If your enrollment is received after the above deadlines, your next opportunity to enroll is at Open Enrollment (hosted in the Spring, effective July 1)

Ready to enroll?

Please reach out to HR at..





Medical Benefits

To support you and your family’s health, we offer a PPO in partnership with Blue Cross Blue Shield of Minnesota (BCBS-MN).

A PPO is a type of medical plan that covers you regardless if your provider accepts BCBS-MN Aware. However, seeing a participating provider helps reduce your costs at each visit.



Medical Coverage	In-network (Aware Network)	Out-of-Network
Preventive	\$-- (100% coverage)	50% after deductible
Primary Care	\$25 copayment	50% after deductible
Specialist (spc)	\$50 copayment	50% after deductible
Urgent Care	Up to \$50 copayment	50% after deductible
E-Visit/Telehealth	First 5 visits at no cost, then \$25 (primary) or \$50 (spc)	50% after deductible
Deductible	\$-- per person \$-- per family	\$10,000 per person \$20,000 per family
Co-insurance	20%	50%
Out-of-pocket max	\$3,700 per person \$7,400 per family	\$30,000 per person \$60,000 per family
Prescriptions Classic network 90-day at 3X listed copays	Generic (tier 1): \$15 Preferred brand (tier 2): \$75 Non-pref brand (tier 3): \$150 Specialty (tier 4): 20%	No coverage

The deductible and out-of-pocket max reset in July each year

Costs are included on page 6 and definitions on page 8. For additional services and coverage, please visit www.bluecrossmnonline.com or call 888.279.4210 (group # ---) to learn more.

Dental Benefits

We offer two (2) types of dental plans for you and your family, in partnership with Delta Dental of MN.

Similar to our medical plan, you do not need to see providers in the Delta PPO or Premier networks. But, you may have additional costs and will pay less if you treat with Delta dental providers.



Delta Dental of Minnesota

Dental Coverage PPO or Premier	Delta Plan I	Delta Plan II
Preventive Cleanings, x-rays	\$-- (100% coverage)	\$-- (100% coverage)
Annual Deductible Your initial cost	\$25 / person, \$75 / family max	\$25 / person \$75 / family max
Minor Restorative Fillings	10%	20%
Endodontics Root canals	10%	50%
Periodontics Gum disease	20%	50%
Major Services Crowns, bridges	50%	50%
Annual Maximum (paid by the plan)	\$2,000 / person	\$1,000 / person

The deductible and annual max reset in January each year.

No benefit card is required if you go to participating providers. Simply introduce yourself as a Delta Dental of Minnesota member.

Visit www.deltadentalmn.org to learn more about other coverages and services.

Life & Disability Benefits

Life & disability benefits help to protect your loved ones.



In partnership with Principal, we are pleased to offer:

Short-Term Disability (50% cost-shared)

If you are off work for a non-work related illness or injury, you may qualify for 60% of your weekly salary, up to \$1,500 (max: 12 weeks).

Long-Term Disability (50% cost-shared)

If your time-off exceeds 12 weeks, you may qualify for 60% of your monthly salary, up to \$6,000 (max: Social Security retirement age).

Basic Life / AD&D (100% company paid)

You are automatically enrolled at 1X your annual base salary. No action needed to enroll, but please complete a beneficiary form.

If your basic life coverage exceeds \$50,000, the IRS considers this a taxable benefit and imputed life will be added to your W2 wages.

Optional Life (100% employee paid)

You can purchase additional life coverage for you, your spouse, and your children at group negotiated rates.

If you are a new hire, you can elect up to a certain amount known as guarantee issue (GI) without medical pre-approval. If your election is more than the GI (see table), please request an Evidence of Insurability (EOI) form from Principal by calling 800-986-3343 (please reference group # 1139359).



Optional Life, continued

You also have an opportunity to increase or enroll, up to the GI, at Open Enrollment (hosted in the Spring each year)

Optional	Life Insurance Amounts
Employee Life	Elect in \$10,000 increments Max \$150,000 Guarantee Issue, \$30,000
Spouse Life	Elect in \$10,000 increments Max \$100,000 Guarantee Issue, \$10,000
Child(ren) Life	Elect in \$2,500 increments Max \$10,000 Guarantee Issue, \$10,000

Please see your HR contact for Short-Term and Long-Term disability costs.

Monthly Benefit Costs

Medical Premiums (Monthly)

Costs for medical are based on your and your family member's ages. Monthly costs are included below. Your premium may change through out the year as ages change. The premiums will be converted to a per-paycheck amount.

Age	Monthly
Up to 20	\$90.73
21	\$101.94
22	\$101.94
23	\$101.94
24	\$101.94
25	\$102.35
26	\$104.39
27	\$106.84
28	\$110.81
29	\$114.07
30	\$115.71
31	\$118.15
32	\$120.60
33	\$122.13
34	\$123.76
35	\$124.57

Age	Monthly
36	\$125.39
37	\$126.21
38	\$127.02
39	\$128.65
40	\$130.28
41	\$132.73
42	\$135.07
43	\$138.34
44	\$142.41
45	\$147.21
46	\$152.91
47	\$159.34
48	\$166.68
49	\$173.91
50	\$182.07
51	\$190.12

Age	Monthly
52	\$198.99
53	\$207.96
54	\$217.65
55	\$227.33
56	\$237.83
57	\$248.43
58	\$259.75
59	\$265.36
60	\$276.67
61	\$286.46
62	\$292.88
63	\$300.94
64	\$305.83
65+	\$305.83

To calculate what your medical cost might be, please use the sample below:

Covered Members	Age	Monthly Cost (Insert Amounts from Above)
You		
Your Spouse		
Child		
Child		
Additional children		
Total Monthly Cost		

Monthly Benefit Costs

Dental Premiums (Monthly)

Coverage	Monthly Cost
Employee (EE) Only	\$--
EE + Spouse	\$51.05
EE + Child(ren)	\$61.51
EE + Family	\$95.46

For basic life / AD&D, no cost to you

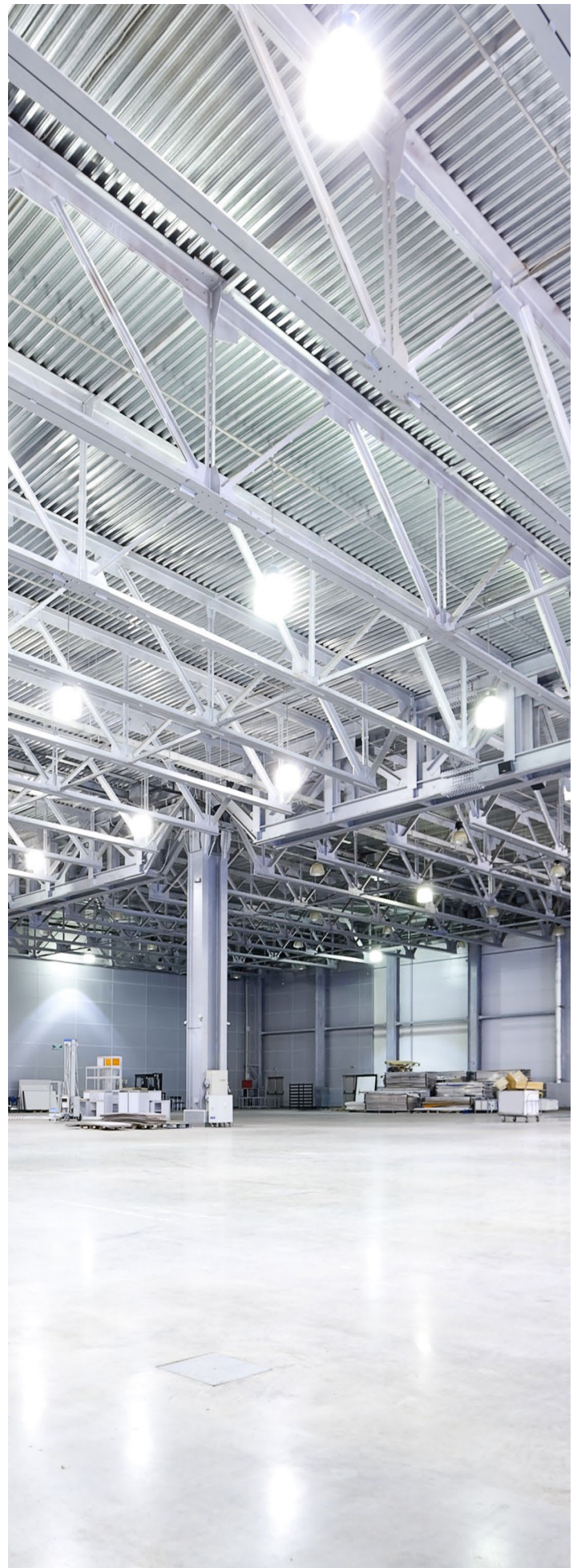
For short-term and long-term disability, please reach out to HR to request

Optional Life, per \$1,000 (Monthly)

Age Band	Employee	Spouse
Up to 29	\$0.070	\$0.070
30-34	\$0.090	\$0.090
35-39	\$0.110	\$0.110
40-44	\$0.170	\$0.170
45-49	\$0.290	\$0.290
50-54	\$0.480	\$0.480
55-59	\$0.750	\$0.750
60-64	\$1.170	\$1.170
65-69	\$2.100	\$2.100
Age 70+	\$3.760	\$3.760
Child Rate	\$0.20 per \$1,000	

For optional life, as you and/or your spouse's ages move into another age band, your costs may change.

If you have any questions on benefit or payroll costs, please contact HR.



Benefit Terms / Definitions:

Co-Insurance: after your annual deductible has been met, this is your financial cost-share, often a percentage.

Copayment: your financial cost-share, often a flat dollar amount for healthcare office visits or prescriptions (deductible does not apply)

Deductible: your annual financial cost-share, most commonly for in/out-patient services, hospital stays, non-preventive labs, and x-rays.

Guarantee Issue: the amount of life insurance you can elect without having to submit medical history

Out-of-Pocket Max (OOPM): the sum of copayments, deductible, and co-insurance; once you have met, the plan will pay 100% for the remainder of the year benefit year (note: the medical/prescription plan year is July 1 – June 30 each year)

Annual Notices (available upon request)

- COBRA Continuation Coverage
- HIPAA Notice of Special Enrollment Rights
- Medicare Part D Notice
- Newborns' and Mother's Health Protection Act
- Plan Documents
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Statement of Material Modifications
- Summary of Benefits & Coverage
- Summary Plan Descriptions
- Women's Health & Cancer Rights Act

Vendor Contact information

Medical

Blue Cross Blue Shield of Minnesota
Group # 10190967
888.279.4210
www.bluecrossmnonline.com

Dental

Delta Dental of Minnesota
Group # T02551
800.448.3815
www.deltadentalmn.org

Life & Disability

Principal
Group # 1139359
800.968.3343
www.principal.com

HR / Benefits

